

BATH AND NORTH EAST SOMERSET

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

Tuesday, 7th June, 2022

Present:- Councillors Michelle O'Doherty (Vice-Chair, in the Chair), Ruth Malloy, Paul May and Liz Hardman

Co-opted Non-Voting Member: Chris Batten

Cabinet Member for Adult Social Care: Councillor Alison Born

Also in attendance: Suzanne Westhead (Director of Adult Social Care) and Natalia Lachkou (Assistant Director - Integrated Commissioning), Nicola Hazle (Avon and Wiltshire Mental Health Partnership), Jane Rowland (BSW CCG) and Kate Morton (Bath Mind)

14 WELCOME AND INTRODUCTIONS

In the absence of the Chair, the Vice Chair, Councillor Michelle O'Doherty welcomed everyone to the meeting and acted as Chair for the duration of it.

15 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Vic Pritchard, Andy Wait, Joanna Wright, Rob Appleyard and Gerry Curran had all sent their apologies to the Panel.

Dr Bryn Bird, B&NES Locality Clinical Chair, BSW CCG had also sent his apologies to the Panel.

17 DECLARATIONS OF INTEREST

There were none.

18 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

20 MINUTES: 17TH MAY 2022 (PUBLIC) / 17TH MAY 2022 (EXEMPT)

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

21 MENTAL HEALTH UPDATE (AWP)

The Chair invited Nicola Hazle (Avon and Wiltshire Mental Health Partnership), Jane Rowland (BSW CCG) and Kate Morton (Bath Mind) to address the Panel.

Jane Rowland said that they would like to discuss with the Panel the way in which services across B&NES were transforming, gain their views on the approach that has been taken so far and hear any thoughts relating to future plans. She added that it was important to recognise the mental health needs of people post Covid.

Aligning priorities – MH and BSW Model of Care

- Working together to empower people to lead their best life
 - Starting well
 - Living well
 - Ageing well
- Personalised care – We want health and care to be right for every individual – not ‘one size fits all’
- Healthier communities – We want people to live in communities that help them to live healthier lives
- Joined-up local teams – People from the NHS, local authority, third sector and other partners will form teams together and we will have the right teams in your area
- Local specialist services – We will provide more access to routine appointments, tests and treatments closer to where you live
- Specialist centres – Our specialist centres like hospitals will focus less on routine care and more on specialist health and care.

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 also make sure that all our teams and services are inclusive for people with limited access to technology.

BSW System: Mental Health Priorities

- Eating disorders – numbers are on the increase
- 16 – 25 years old – What provision is available through the transition into adulthood?

- Personality disorders – Emotional trauma that has affected an individual. Sometimes referred to as Complex Emotional Needs
- Older person services
- Crisis services – Align with ambulance service and 111
- Perinatal Mental Health
- Neurodevelopment / ADHD

Where are we now.....

- Continued need to improve access and referral process – make getting support easier. Integrated approach with third sector and AWP
- Mental Health referrals above pre-Covid levels
- Increase in emotional wellbeing presentations. Increased anxiety in communities –including parental and family anxiety. Impact of wider determinants of Mental Health (e.g, housing, employment, family breakdown, bereavement, returning to school and current financial crisis)
- Priority focus on reduction on Out of Area Placements - a collaborative system response in progress
- Workforce risks – recruitment, retention and sickness. Impact on staff through Covid response and recovery
- Growing trust and confidence between statutory and third sector partners as we develop a different delivery model of care
- Understanding what people, families and staff have thought of the changes we have made and where we need to focus – regular engagement and co-production

B&NES: Key Themes

Nicola Hazle explained to the Panel some of the challenges and what will be seen as different in terms of provision.

High demand across the community services

- New access model where first contact is community not clinical
- Improved access to specialist input and/or advice and guidance via digital platform (indirect improved experience for people)
- Focus on quicker access to intervention rather than assessment via evidence based care pathways

Greater complexity and acuity in presentations to community services

- Improved care coordination/planning due to increased availability of specialist advice/input into cases – Eating disorders, 16-25 and transitions
- People with Severe Mental Illness will have better access to the Annual Health Checks and post check monitoring of their physical health – new model looking to achieve 60% by end 22/23

Increased readmission rates in B&NES with high acuity and complexity across inpatients

- Increased community crisis support available with investment into the Wellbeing House model across BSW
- Improved inpatient experience – e.g. works undertaken at Cedar Ward (B&NES Dementia Care Ward) and Elizabeth Casson House (female PICU)

Increased demand across crisis/urgent care services

- Crisis lines and wellbeing cafes offering a community alternative to clinical response to crisis
- Co-location of health and third sector teams in Acute Hospitals to enable non-clinical contact/follow up support
- Committed to improving services locally – enable availability through telephone, face to face and digital platforms

Staff wellbeing and development

- AWP provider of BSW Wellbeing Matters Hub to provide response to all staff affected by Covid
- B&NES locality Senior Management Team offer monthly Ask Us Anything session to all staff
- Community Mental Health Framework investment in new leadership and apprenticeship roles and training opportunities in B&NES

Demonstrating meaningful impact of services/investment

- Introduction of clinical outcome measures will demonstrate level of change for the person – measurable along care pathway
- Uptake of population health management data will enable targeting of investment/services to known health inequalities

Kate Morton, Bath Mind said that it was heart-warming to see us all now working together and being able to influence how services are provided.

She stated that co-location working has been great for all services involved and that huge in roads are being made in many areas. She added that they are enabling many people to access community services.

The Chair said that it was good to see that the partnership was strong and that she would welcome updates on this issue in the future.

Kate Morton replied that they were in year 2 of 3 for the project and that they were reshaping through their continuing engagement.

Councillor Liz Hardman asked if further comment could be given with regard to the increase in the number of people suffering from eating disorders and the timeliness in terms of when individuals can be seen by a specialist.

Jane Rowland replied that provision for this area of work was supplied by Oxford Health and AWP and that there had been a 13% increase in cases in the past year.

She added that conditions such as anorexia, bulimia and disordered eating would all form part of this work and all require a different type of response.

She said that further funding had recently been received and although they were currently below their target figure for routine referrals within 4 weeks they were hitting their target figure for urgent referrals within 1 week.

She explained that there is an Eating Disorder Steering Group in place and that they are considering how to implement guidelines for these conditions within our services.

She said that where possible they will work with individuals to help manage their condition.

Kate Morton added that early intervention in these matters was critical and said that there is a programme in place to help young people.

Councillor Paul May asked for an example of specialist centres that were situated within B&NES.

Nicola Hazle replied that In-patient mental health services were provided at Hillview Lodge, RUH comprising of the 15 bed Sycamore Ward and the 12 bed Cedar Ward for dementia care. She said that this would have been previously known as Ward 4 at St Martin's Hospital.

She added that B&NES residents could also access services at other sites across BSW, including those for psychiatric services, eating disorders and mother and baby services.

She said that they will work with individuals and families where possible to facilitate admissions and aim to keep them as local as possible. She added that they would use private providers if necessary.

Councillor May asked what controls were in place over private providers.

Nicola Hazle replied that they are regulated by the Care Quality Commission (CQC) and that AWP has a dedicated bed management team to build relationships with local providers.

Councillor May said that he valued the arrangements that were in place to work with 3rd sector groups such as Bath Mind, 3SG, Mentoring Plus and Off The Record.

Kate Morton replied that Bath Mind was one of four providers of mental health services across BSW that includes Swindon & Gloucestershire Mind, Alabare Christian Care & Support and Rethink Mental Illness. She said that a strong collaboration exists and that the aim is to have a network of networks in place.

Councillor May asked what provision was in place for schools locally.

Jane Rowland replied that there were six waves of support in place across BSW, with two within B&NES to support pupils / schools. She added that it was vital to have early access to services.

Councillor May commented on thoroughness of information in the presentation, but asked if some comparable data for B&NES and BSW case numbers could be shared with the Panel.

Jane Rowland replied that they do have data available and would circulate it to the Panel via the Democratic Services Officer.

The Director of Adult Social Care thanked them all for the presentation and said that one element she would like to see in a future report would be a case study / individuals experience and the views of a local expert.

Jane Rowland said that they had welcomed the opportunity to discuss this matter with the Panel. She added that an integration of services was important and that the Local Authority is part of that as well as the NHS.

Councillor May thanked them for all the services that they provide and asked for all staff to be thanked as well.

22 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Social Care addressed the Panel, a summary is set out below and a copy of the update will be attached as an online appendix to these minutes.

HCRG Care Group

The main focus of activity since my last report has been on the future of the Community Services contract.

Following the sale of Virgin Care to Twenty 20 Capital and it's re-branding as HCRG, Cabinet and the CCG both had to decide whether to continue with the contract extension agreed in November '21, or to let the contract lapse at the end of the initial 7 year term.

A further detailed options appraisal was undertaken and the decision not to grant the extension was made unanimously at both the Special Cabinet and the CCG governing Body meetings on 26th May.

Work is starting to establish a Transition Team to determine the future shape of services and to manage the transition over the next 21 months. Suzanne Westhead and I will keep this group updated on progress.

Update on system pressures and recruitment to Care posts

The number of Covid patients requiring hospital treatment has at last reduced significantly and the RUH has closed its Covid 19 ward. As a consequence, the social care sector is opening up again and the number of patients delayed in hospital is also reducing. I hope to be able to report further improvements in my next report but we are aware of people still catching Covid so the situation remains uncertain. In addition in the last week all our care homes are back open to admission and for the first time in over two years have no new declared cases.

Good progress is being made on recruitment to the in-house home care service such that a soft start will be achieved on the 6th of June as new recruits begin their induction. The service is being named United Care B&NES (UCB) and we look forward to an official launch in a couple of week time.

A new tender has also successfully secured additional homecare hours in the private sector and we hope the combination of UCB and this tender will offer some significant support to the care and health system.

Staffing Update - Adult Social Care

I have provided information on a number of additions to the senior team in recent months and am pleased to report that Ann Smith has been appointed to the AD Operations post and will be joining us shortly.

In addition, Vicki Allan will be joining on 4th July as the permanent Senior Commissioning Manager for Specialist Commissioning.

Englishcombe Lane Site

We are continuing to progress proposals relating to a limited supported housing development for this site and a paper will be presented to Cabinet this month.

Councillor Liz Hardman commented that it was good to see that option three had been chosen regarding the future of the Community Health and Care Services contract. She added that it is particularly pleasing that the opportunity will be taken to explore bringing services in house. She asked as there would be no procurement costs to the Council for this, would this result in a significant saving for the Council?

Councillor Born replied that bringing services in house was under consideration and if progressed a saving in relation to procurement would be possible.

Councillor Paul May said that he welcomed the Panel being involved prior to the Cabinet decision being taken. He asked that when the Panel receives a report on the future plans that both in house options and third sector involvement are included.

The Director for Adult Social Care replied that project management plans were being devised and new model options were being assessed. She added that key principles for the service were also being developed.

She informed the Panel that officers were expected to bring a timeline for key events to Cabinet in September 2022 and that they would then seek to bring model options back to the Panel after that.

Councillor May said that he believed the Panel can add value to the process. He added that he would also like to understand further our involvement with the commissioning of 3rd sector services.

The Director for Adult Social Care replied that this was something that they could look to do later in the year when the model options are presented.

The Chair thanked Councillor Born for her update on behalf of the Panel.

23 BSW CCG UPDATE

The Chair introduced the report to the Panel and explained that Dr Bird was unable to attend would therefore respond in writing to any questions. A copy of the update will be attached as an online appendix to these minutes.

The Director of Adult Social Care referred to the question that had been submitted in advance by Councillor Liz Hardman and said that she had drafted a response that had been shared with Dr Bird.

Councillor Hardman's question was as follows.

It was good to see that the BSW CCG group also decided not to extend the health and social care services contract to HCRG. I notice that you are looking at the opportunity to explore integrating adult social care staff and third sector commissioning back into the council. As well as ensuring that the ownership of the contract will not change as happened with HCRG, can this be organised to start as the current contract ends?

The Director of Adult Social Care replied that commissioners will be undertaking a full options appraisal on which services will be recommended to either be in-housed or continue to be commissioned to an external provider. She said that the review will determine if there is a requirement for future commissioning of some Council funded services and the appropriate procurement process to be adopted, this will have a specific focus on sub-contracted services that are in the HCRG Care Group contract.

She added that the Council will review any future contractual arrangements to minimise any risks associated with the sale of the business within the contractual term. However, any company is unlikely to accept a contract clause that prohibits them from selling the business to fulfil their own business strategy.

24 QUARTERLY REPORT ON ADULT SOCIAL CARE

The Assistant Director for Integrated Commissioning introduced the report to the Panel and highlighted the following areas from within it.

The national picture

The Health and Care Act received royal ascent on 3rd May 2022 and laid down legislative foundations for an ambitious programme of national reform of Adult Social Care.

The Build Back Better programme aims to create a sustainable adult social care system that is fit for the future. It introduces new charging reforms for people who use social care and brings new statutory duties for local authorities. The programme has entered first phase of implementation, which means we will need more social workers, more financial assessors, and a new system to help ensure we support more people financially from April 2023.

Liberty Protection Safeguards (LPS) – a framework that will replace the Deprivation of Liberty (DoLs) – has now finished its parliamentary journey. Liberty Protection Safeguards will apply to everyone from the age of 16 years. While DoLs applies only to people in care homes and hospital, LPS will apply to people in supported accommodation, shared lives, and their own homes. New code of practice is currently out for public consultation until 4th July 2022. Government confirmed its intention to set a new fixed date for Liberty Protection Safeguards implementation post consultation to ensure that there is adequate time for implementation.

New Care Quality Commission (CQC) inspection regime for Adult Social Care (also referred to as Assurance framework) is expected to mirror the Ofsted inspection process and will begin in April 2023. The Adult Social Care Outcomes Framework that is being currently used to measure and compare performance of local authorities has been refreshed and is expected to be implemented alongside the new assurance framework. This means that we would need to have new performance management systems in place, with greater use of Business Intelligence tools, and develop more mature capability to evaluate customer experience, and evidence outcomes and impact at an individual, locality and system level.

The local picture

Health and Social Care Integration to join up care for people, place and population is continuing at pace nationally and locally. On 1st July 2022, the Banes, Swindon, and Wiltshire (BSW) CCG will be subsumed into the BSW Integrated Care System.

Recruitment to senior leadership posts in the new system is well advanced, with a new team of senior leaders joining over the next two months. New governance arrangements, such as the Integrated Care Board and the Integrated Care Alliance are beginning to take shape, with system partners frequently coming together to collaborate to develop new ways of working at place and population level. Our close working with the NHS and our wider community partners ensures we continue to promote, maintain, and enhance people's wellbeing and independence so that they are healthier, stronger, more resilient, and less reliant in the future on

formal social care services. Doing this is better for people in terms of their longer-term outcomes and better for B&NES Council to help make funding go further. It is also better for system health partners as it will help reduce hospital admissions and the length of stay, and shift system focus from urgent care to anticipatory and community care.

Financial position

At the end of quarter three of 2021/22 financial year the forecast position for Adult Social Care is an underspend variance of £2.65m. This reflects the reduced number of package placements seen during 2020/21 which continued into 2021/22. Health funding arrangements have been extended to cover the second half of 2021/22 therefore, the impact of the expected demand from the ending of these arrangements has been reduced. These arrangements ended at the end of 2021/22 financial year and discussions have commenced across the health and social care system regarding ongoing requirements in 2022-23. The final outturn position for 2021/22 is being finalised and will be fully reported in July.

Performance update

Adult Social Care performance is measured routinely and compared annually between local authorities against a national set of indicators included in the Adult Social Care Outcomes Framework and the annual statutory Short and Long Term (SALT) Support performance report. B&NES SALT report for 2021/22 has been submitted earlier this month. National benchmarking data would be made available later in the year and will be included in future updates.

The service also routinely monitors its performance across a range of operational indicators, four of which form part of the strategic indicators reported to Cabinet monthly. Quarter 4 performance against these indications shows positive performance against the safeguarding and admissions to care homes measures, with variable performance against the reablement and reviews measures.

Risks

Adult Social Care service is facing several significant risks:

The impact of the pandemic has increased pressure on funding. Some of the pressure was mitigated by additional government funding but this ended in March 2022. However, some of the consequences of the pandemic have increased current financial pressures. Some of this increase may be temporary but underlying pressures are expected to build because of demographic changes, the long-term impact of COVID-19, rising care costs and the impact of Social Care Reforms. The service is continuing to face persisting challenges in terms of our ability to attract, recruit, develop and sustain enough staff across a range of key roles, such as social workers, occupational therapists, Best Interest Assessors, financial assessors, and administrators. Local challenges are replicated across the health and social care system, and mirror national and, for some roles (i.e., therapists), international challenges. These skills shortages are one of the biggest challenges we

face in providing a high quality and timely response across the health and social care system.

There is a risk that the service won't have sufficient resources, time, and capability to prepare for and implement several strands of the Social Care Reforms simultaneously.

These risks are being mitigated through the work of the dedicated project team leading the preparation for the Building Back Better reforms and the process and system re-design projects that are delivering improvements to the adult social care case management and financial systems.

The Chair commented that the scale of work involved was clear for all to see. She asked how risks are being managed.

The Director for Adult Social Care replied that the service has a risk register which is reviewed on a regular basis. She added that this could be shared with the Panel when the next version of the update report is published.

Councillor Liz Hardman asked to what extent will the local authority be unable to deliver several strands of the social care reforms, given the limitations set out in the report and what are the main areas that are at risk.

The Assistant Director for Integrated Commissioning replied that priorities are being assessed weekly and that the Council has done some technical commissioning to attempt to plan ahead to enable resources are available.

She added that things such as the Care Quality Commission (CQC) inspection would have to take place no matter what and said that if the Liberty Protection Safeguards work was brought forward it would be a real challenge in terms of recruitment.

The Director for Adult Social Care said that a focus on business as usual remains in place alongside plans to develop the new model of Community Health & Care services. She added that some additional resources will be available nationally through the Government for work within Build Back Better.

Councillor Paul May said that alongside the dashboard he would have welcomed a form of knowledge statement that could give a commentary to the data that was shown. He also asked what the reaction from HCRG had been following the decision made by Cabinet.

The Director for Adult Social Care replied that reaction had been mixed, with some staff delighted at the decision and members of the management team being surprised. She said that she was also aware of some anxiety among staff.

She added that she was aware that HCRG had issued a statement regarding the decision and called on staff to continue their good work and to keep our services safe.

She said that Councillor Born meets with the Managing Director regularly and that extra resources have been put in place in respect of contract management.

Councillor May asked what impact Discharge to Assess will have on the contract.

The Director for Adult Social Care replied that funding for Discharge to Assess was set to continue for a year locally and that they were working on plans for the future.

Councillor Ruth Malloy asked which Universities were involved in the BSW Academy.

The Director for Adult Social Care replied that both Bath Universities were involved and that recently Dr. Sarah Green had been appointed BSW Academy Director. She added that there was to be an initial focus to recruit, retain and train the Domiciliary Care workforce and that an intern service was being provided at the RUH.

She said that further information on the Academy could be provided in a future report and that possibly Dr Green could be invited to attend.

The Chair stated that she liked this format of reporting and looked forward to the next version that would include the Risk Register and information relating to the BSW Academy.

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

25 PANEL WORKPLAN

The Chair introduced this item to the Panel and asked if they had any proposals for future agenda items.

Councillor Paul May suggested that the Panel receives a report on School Performance / Closing the gap.

Councillor Ruth Malloy proposed that the Panel has a report on the interaction between the Ambulance Service and the RUH.

The Director of Adult Social Care commented that she believed that the Chief Executive / Chief Operating Officer of the RUH would like to attend a future meeting.

Councillor Liz Hardman said that she would like the Panel to receive further information in relation to Children Missing Education.

Councillor May said that he wanted the Panel to have a discussion on the overall education picture locally and possibly invite a Chief Executive from a large Academy to attend a future meeting.

Councillor Hardman suggested that a representative from the Schools Standards Board be invited to a future meeting.

Councillor Alison Born reminded the Panel that there would likely be an update on the Community Health and Care Services contract in September.

The Chair thanked everyone for their suggestions and said they would be discussed when setting future agendas.

The Panel **RESOLVED** to note the workplan as printed.

The meeting ended at 11.42 am

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services