

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

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B&NES Adult Mental Health Update

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Aligning priorities – MH and BSW Model of Care

BSW Model Care

Working together to empower people to lead their best life

Starting well → Living well → Ageing well



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.



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.

1. Personalised care
 - We want health and care to be right for every individual – not “one size fits all”
2. Healthier communities
 - We want people to live in communities that help them to live healthier lives
3. 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
4. Local specialist services
 - We will provide more access to routine appointments, tests and treatments closer to where you live
5. Specialist centres
 - Our specialist centres like hospitals will focus less on routine care and more on specialist health and care

BSW System: Mental Health Priorities

Mental Health System Plan 2021/22



- Refreshing priorities for 22/23 – Thrive Away Day
- Closer alignment between place and system priorities to focus on key deliverables
- Implementation of Community MH Framework key focus
- Agreed urgent care priority work streams
- Develop crisis accommodation & outreach

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Where are we now

- Continued need to improve access and referral process – make getting support easier. Integrated approach with third sector and AWP.
- MH referrals above pre-covid levels
- Increase in emotional wellbeing presentations. Increased anxiety in communities –including parental and family anxiety. Impact of wider determinants of MH (e,g, housing, employment, family breakdown, bereavement)
- Increase in acuity across all services – hot spots include LD/ASD, Personality Disorder, psychosis presentations
- 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 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**

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BSW CMHF: Achievements

- Allocation of £3.3m Y1 funding in 2021/22 with a third identified to Third Sector Alliance. Allocation of £2.2m Y2 funding for 2022/23 with a quarter identified to Third Sector Alliance
- Y1 investment into clinical leadership and workforce pipeline to enable delivery of treatment/intervention focused model. Approx. 80% recruited and in post
- B&NES new workforce include: Third Sector Wellbeing Practitioners (6), Peer Practitioners (6), Counsellors (4), Support Group Lead (1), SMI Coordinator (1), AWP apprenticeships for CAP (2) OT (1) SW (1), new roles in pharmacy and psychological therapies, personality disorders.
- Investment in Third Sector is intentional shift to collaborate and integrate at community level with emphasis on prevention and early intervention response to health and wider determinants need

Eight work streams to co-design collaborative care pathways with service user/carer voice

16-25	Eating Disorders	Personality Disorders	Core Services
Older People	ARRS	Rehab (22/23)	SMI Physical Health Checks

- SMI PHC pilot with First Options Healthcare and third sector achieved target 40% 2021/22. Significant investment in 2022/23 to achieve national 60% target (in line with CORE20+5 ambitions) will be delivered in partnership between AWP, Third Sector and FOHC.
- Collaboration between AWP, BSW CCG and GP PCNs to develop ARRS (Additional Recruitment Reimbursement Scheme) Mental Health roles. Of 19 roles sought in 2021/22 9 have been recruited, NHSE expansion of remit of roles for 2022/23 is opening up conversations with wider partners

- Referrals and caseloads rising across all services
- Waiting times for assessment and treatment increasing
- Pressure within crisis services, reflected in increasing presentations to A&E departments
- Stabilising Out of Area placement position, but continued pressure on Health Based Place of Safety and inpatient services
- Rising demand for specialised provision, particularly Eating Disorders & Learning Disabilities/Autism services
- Increased support from third sector across all areas, providing immediate connection and 'walk alongside' for service users

B&NES: Key Themes

Challenges	What will be different?
High demand across the community services	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Improved care coordination/planning due to increased availability of specialist advice/input into cases – Eating Disorders, PD/CEN, 16-25 and transitions • People with SMI 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	<ul style="list-style-type: none"> • Increased community crisis support available with investment into the wellbeing house model across BSW • Reduced inpatient LOS with no/reduced use of OAP for inpatient care • Improved inpatient experience – e.g. works undertaken at Cedar Ward (B&NES Dementia Care Ward) and Elizabeth Casson House (female PICU)

Challenges	What will be different?
Increased demand across crisis/urgent care services	<ul style="list-style-type: none"> • 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
Staff wellbeing and development	<ul style="list-style-type: none"> • AWP provider of BSW Wellbeing Matters Hub to provide response to all staff affected by Covid • B&NES locality SMT offer monthly Ask Us Anything session to all staff • CMHF investment in new leadership and apprenticeship roles and training opportunities in B&NES
Demonstrating meaningful impact of services/investment	<ul style="list-style-type: none"> • 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

BSW Access Model Developments



Bath Mind Early Intervention Offer in B&NES:

Wellbeing Services

- 16 wellbeing groups – including physical activities, horticultural therapies, creative groups, Food for Thought

9800 per year

Counselling

3400 clients per year

- Breathing Space Phone Support
- Since Apr 2020 – 5881 calls
- 983 callers with suicidal thoughts

Access Mental Health Model – Third Sector Alliance

- ❖ A 3 year model, to demonstrate mental health transformation across the system.
- ❖ A service that is open 7 days a week throughout the day within the community. Align to evening places of calm.
- ❖ A clear pathway and expectation of what the service offer is with individual based timeframes for each person who accesses the service.
- ❖ Accessible, direct and flexible mental health and wellbeing support with a focus on de-escalation, prevention, intervention, post intervention and complementary support based on the person's individual needs.
- ❖ A 'walk alongside' approach, providing support to those accessing the service whilst they are also receiving adjacent support from other providers and services.
- ❖ An opportunity to bridge the gaps, strengthen existing bridges and build new bridges across the system with core statutory and third sector partners across BSW.

Pilot AWP and Bath Mind

- * Transformation of PCLS pathway
- * All referrals still triaged by PCLS workers
- * Daily MDT with Bath Mind team present, discuss cases for early access to community support
- * 8 week pilot – 90 referrals, 48 people have been redirected to alternative services to PCLS
- * Seeks to provide a positive earlier contact/intervention to people
- * Delivering "warm handover" aspiration of CMHF

SWAST and NHS 111 Developments



AWP collaboration into Emergency Services Triage:

- ❖ Ambulance Mental Health Desk (Hub & Spoke)
- ❖ Assessment and Advice Pre- Dispatch
- ❖ Assessment and Advice At Scene
- ❖ Rapid Response (Face to Face) At Scene

Key Developments in 12 months:

- Resilience and Staffing Appeal Allows for Expansion - Staff in Varied Roles
- Police Link Officer - SWASFT Mental Health Desk(A+S Police)
- Ambulance Mental Health Desk Trust Wide Feb 2022 - Increased to 8 Desks
- Development of SWASFT Mental Team – Local Leads across Trust
- Launch of Blue Light Rapid Response – BNSSG
- Alternative Points of Conveyance with Crisis Café Models
- Pilot of Consultant Led Triage at Place of Safety
- Improved Operational Working with Commissioned Areas – Developing Local Links and Leads

Mental Health Specialist Desk

- 56% increase in BSW calls
- C200 BSW calls/month
- Hear & Treat 70%
- Stand down 24 cases/day
- Recruitment of B7 Leads and Senior Clinical Lead

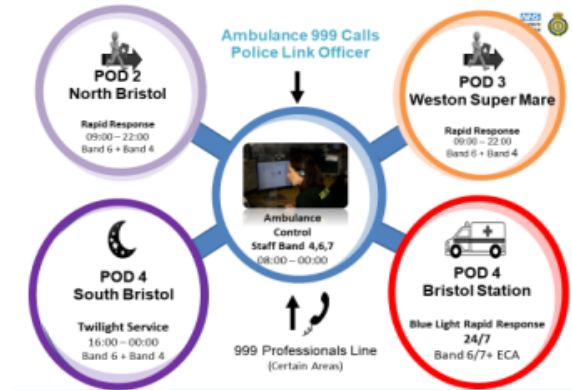
Police Link Officer

- 44% increase for B&NES
- 30% increase in overall call count since Police Link Officer in place
- 40% calls mutually open to Police and Ambulance
- 20% police calls stood down prior to dispatch
- 25% calls led to Ambulance stand down – of which 25% raised by Police Link Officer

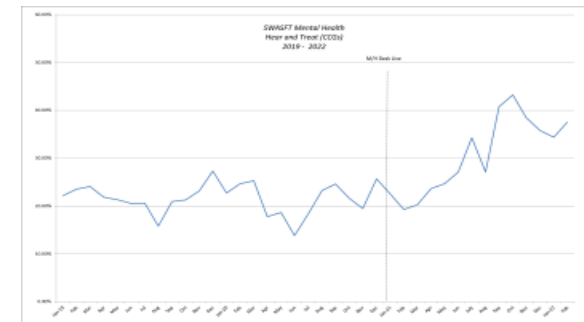


Future Developments

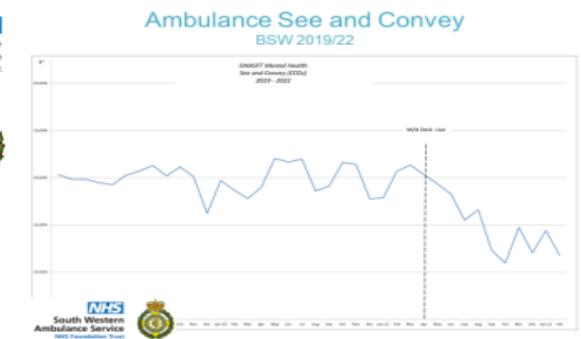
- * System wide Evaluation
- * Senior Practitioner Lead posts for BSW
- * Rapid Engagement Workers B4
- * Peer Practitioners
- * Review Police Link Officer role
- * Scale up Rapid Response to Scene Concept



Ambulance Hear & Treat 2019-22:



Ambulance See & Convey 2019-22:



AWP & Medvivo NHS Mental Health 111



Current Model:

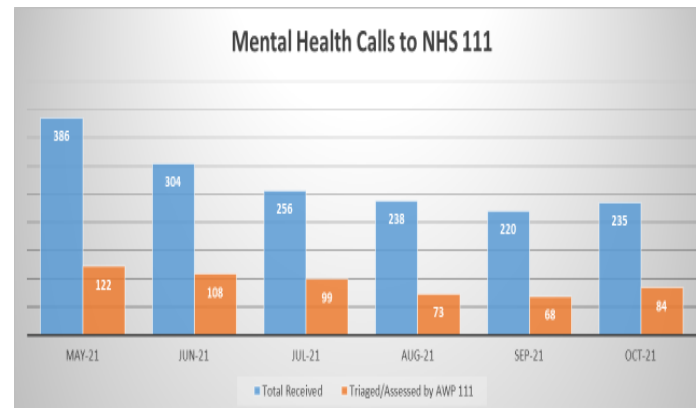
- ❖ BSW transformation funding in 2018/19 set up small MH team Medvivo
- ❖ Coverage is 16:00 – 00:00 hours cover every day
- ❖ Ageless mental health access point with protocol linking callers into Oxford Health CAMHS services where appropriate

Learning:

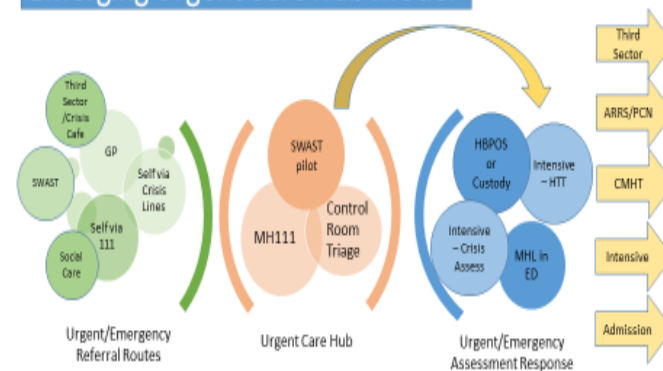
- ❖ Benefit of being able to provide an immediate MDT response at the first point of patient contact.
- ❖ Positive feedback received from Medvivo clinicians who feel assured and supported by in situ AWP clinicians when presented with complex mental health presentations.
- ❖ National difficulties labelling mental health presentations in NHS111 systems.
- ❖ Importance of providing access services that link key urgent care system access points. We now have mental health clinicians situated in NHS111, Police and Ambulance Control Rooms.

Future Developments:

- ❖ Additional investment from NHSE to increase out of hours cover (£250k)
- ❖ Extend NHS111 mental health offer to provide 24/7 access point
- ❖ Introduce a further range of roles to develop a bespoke 111 MH Team model
- ❖ Integrate offer into a wider multi-agency service response
- ❖ Focus on incorporating system crisis/response lines run by AWP and third sector into this to deliver seamless integrated offer
- ❖ Plan for Crisis Care Concordat multi-agency development work-stream. Will enable the deliver of an urgent care pathway in BSW that will complement and integrate with the community pathways developed by CMHF.



Emerging Urgent Care Hub Model



- MH111 extended to offer 24 hour support into NHS111
- MH Liaison services to offer 24 hours service into each acute (additional funding)
- MH Response Line is amalgamated into MH111 team
- Intensive Team defined to offer home treatment, Facilitate Early Discharge and complete gatekeeping
- Urgent Care mobile hub to offer crisis assessment – need identified by MH111 team
- Intensive HTT change operating hour to 8am to 10pm.

BSW Wellbeing Matters

(A collaboration between BSW CCG and AWP in response to Covid-19 to maintain and improve the wellbeing of all health and social care key workers)

Core purpose

1. Deliver proactive outreach and engagement –highlight the value of MH and wellbeing services, overcome stigma, promote referral pathways, engage staff with vulnerabilities due to COVID.

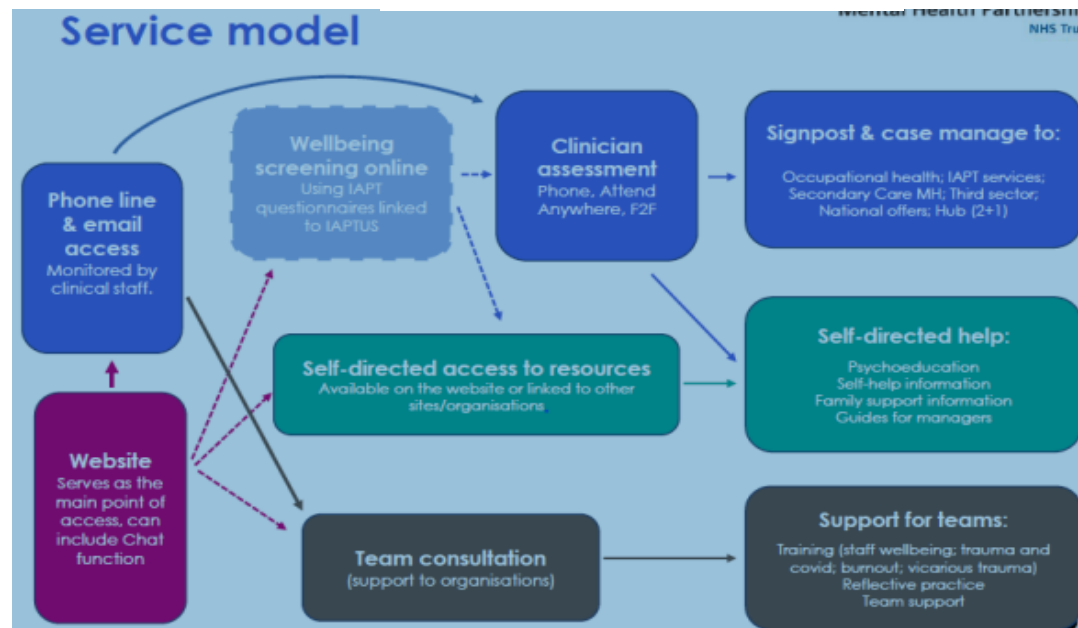
2. Ensure confidentiality –and build trust in the service across the region

3. Provide rapid clinical assessment – for self-referrals and referrals from other sources (“1+2” model)

4. Provide onwards referral and ‘case management’ –to ensure staff access appropriate interventions

5. Available to all NHS and Social Care staff -in B&NES, Swindon and Wiltshire

6. Overview of the wide range of support available—this is a strength of the service that may separate us from other teams



Since July 2021 across BSW:

- ❖ Offered over 60 assessments
- ❖ Working with staff from c.23 different teams/organisations
- ❖ Webinar offer has been increasingly popular covering:
 - Grief & loss
 - Worry & stress
 - Burnout & low mood
 - Menopause (planned)
 - Working remotely (planned)

Ways we can support teams:

- Offer a consultation discussion with the team to explore sources of stress in the workplace
- Offer them one of our training packages for relevant staff..
 - “Looking after staff and ourselves” (general wellbeing at work)
 - “Vicarious trauma and burnout” (for trauma-exposed teams)
- Develop a bespoke training/support offer for the team

<http://www.awp.nhs.uk/advice-support/bsw-wellbeing-matters>

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Bath & North East Somerset Adult Lead Member Report for Children and Adults Health and Wellbeing Policy Development and Scrutiny Panel

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. The full text of my Cabinet speech, setting out the arguments underpinning that decision from the Cabinet perspective is included in Appendix 1.

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 it's 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. The recruitment has gone well and a formal agreement is being signed with RUH this week to consolidate the staffing secondments. This is developing a strong partnership with the RUH and offering people in B&NES an integrated approach to their health and care needs at home.

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. Ann Smith was selected from a very strong field and is currently working in Cornwall.

In addition, Vicki Allan will be joining on 4th July as the permanent Senior Commissioning Manager for Specialist Commissioning. Vicki has strong commissioning experience in the areas of disability, autism and mental health in children's and adult social care and is also currently working in Cornwall.

Visits to Care Facilities

Suzanne and I have continued our programme of visits to the in-house care services. At the end of April we visited Greenacres and Combe Lea in Midsomer Norton and The Orchard in Combe Down. We were once again impressed by the staff we met and the quality of the services provided. We are scheduled to visit Carrswood day service and Avondown House later in June.

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.

Cllr Alison Born – Cabinet Lead, Adult Social Care, April 2022

Appendix 1

This special Cabinet meeting has been called to determine the future of the community health and care services contract. These services were provided by Sirona, a local Community Interest Company until 2017 when a 7 plus 3 year contract was jointly awarded to Virgin Care by B&NES CCG and Council. The first seven year period of the contract comes to an end in March '24 and Commissioners were required to decide whether or not to exercise the 3 year extension by March '22.

An options appraisal process took place during 2021 and in November, both the CCG and the Council took the decision to exercise the 3 year extension. This decision was based on the fact that services provided by Virgin Care were generally good, they were seen as a trusted partner and it was felt that the extension would offer certainty and continuity at a time of great stress and upheaval across the health and care system.

However, within 3 weeks of this decision being made, Commissioners were informed that Virgin Care had been sold to a private equity group Twenty:20 capital and was being re-branded as HCRG. This was totally unexpected as the Commissioners had been given no prior indication that Virgin Care was for sale. It brought the decision regarding the contract extension into question. HCRG were informed that the extension would be placed on hold whilst commissioners initiated a due diligence process and obtained legal advice. In February '22, HCRG agreed to an extension of the deadline for exercising the option until the end of June '22.

A further Option Appraisal has been undertaken, taking into account the change of ownership and the circumstances for that change. Four options were considered and 2 have been discounted, the 2 that remain are:

Option 1 – To extend for a further 3 years

Option 3 – To allow the contract to end with no extension beyond 31 March '24

There are advantages and disadvantages to either of the options under consideration and it is a finely balanced decision. Officers have recommended Option 1 (that is extending the contract for a further 3 years) on the assumption that it contains the financial and operational risks, it minimises disruption to service provision and allows existing relationships to continue. However, they also recognise that the potential disadvantages of Option 1 include risks relating to the provider selling the business on again without the Commissioners' prior knowledge and reduced flexibility and control.

The remaining option still under consideration is Option 3 (that is allowing the contract to end with no extension beyond 31 March '24). Officers recognise that this offers the opportunity to align contracts with neighbouring providers; to bring in-house adult social care; to give commissioners greater flexibility to adapt community services to changing needs and priorities (including the potential for greater integration or re-commissioning these services at scale); to streamline IT services (enabling better access to data) and to increase workforce security at a time of significant skills and labour shortages.

Officers identify the potential disadvantages of Option 3 to include, concerns about the scale of activity required within the next 21 months to determine the new service model and to transfer staff and services; with the potential impacts on operational services, on key relationships and on the costs of service provision.

In the paper, the financial implications of the 2 options look markedly different but Option 1 only includes the estimated costs of the procurement process, necessary to determine provision at the end of the 10 year term of the contract. Any additional costs would be borne outside of the 10 year period so have not been quantified, but they would be significant.

By contrast, Option 3 provides the opportunity to explore bringing services in house with one off mobilisation costs, to determine the new service model and to manage the transition, which would be incurred over a 3 year period from '22 to '25. Plus the estimated costs (due to additional pay and pension liabilities) of bringing social care staff back in house; these operational costs would be incurred from 2024-2027 and are estimated to equate to less than one million pounds per year. There would be no procurement costs to the Council for option 3 as social care services would be taken in-house and the services would not be re-procured.

Additional staffing costs would undoubtedly apply at the end of the contract period in Option 1 but they would be bought forward by 3 years in Option 3. It's also worth noting that the Option 3 figures set out in the paper are estimates before any actions are taken to mitigate. Councillor Samuel will be providing more information on the resource implications when he speaks on this matter.

As the risks and benefits between the 2 options appear to be so finely balanced, it is important to determine which option is more likely to support the development of innovative community health and social care services that are both robust and agile and are capable of responding to the unprecedented post pandemic demand for services, the challenging workforce environment and the requirements and opportunities of the new Health and Care Act.

My sense is that the partnership needed to deliver this service transformation must be open and transparent with high levels of trust between all parties and providers must be able to respond quickly and flexibly to new ways of working.

I am concerned that a provider that is operating under a contract determined pre-pandemic and which we now know (from the totally unexpected sale of Virgin Care) is compelled to withhold commercially sensitive information and cannot be totally open and transparent, will have limitations. I am also concerned that there is nothing to stop the new owner of HCRG from selling the service on again, so the expectation of continuity afforded by Option 1 may well not be delivered and we could face more disruption in the near future, regardless of whether or not the contract is extended.

It is essential that local community health and care services are of high quality, that they meet the needs of our local communities, and that public money is safeguarded for the provision of front-line services. Disruption caused by changes to provider services is very difficult for both staff and service users and does not support effective service delivery. We are incredibly

grateful to our community health and care staff who have worked throughout the pandemic in the most challenging of circumstances.

While Option 1 appears attractive in the short term, I believe that the certainty provided by Option 3, with the opportunity to bring our social care staff in-house, will provide them with greater security and will support the development of services equipped to address the evolving needs of our residents. I also understand that the anticipated costs can be managed and that there may be advantages in starting the transition away from the current flat cash contract at an earlier stage. I recommend, therefore that Cabinet supports Option 3.

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Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Tuesday, 7th June 2022

HCRG Health and social care services contract in Bath and North East Somerset not extended

The Governing Body of Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) together with Bath & North East Somerset Council's cabinet agreed during meetings on 27 May not to extend a contract for health and social care services operated by HCRG Care Group.

The seven-year contract, which covers the delivery of 51 health and social care services to residents, was initially awarded to Virgin Care Services Ltd and began in April 2017, with an option for the commissioners to extend the term by three years, taking it to 2026/27.

The BSW CCG Governing Body met on 11 November 2021 and agreed a recommendation for a three-year extension of Virgin Care Services Ltd's joint commission for these services. As this is a joint contract, Bath & North East Somerset Council adopted similar recommendations on the same day.

On 1 December 2021, Virgin Care Services Limited notified BSW CCG and Bath & North East Somerset Council that the business it formed part of had been sold to T20 Pioneer Holdings Limited, which is in turn held by Twenty20 Capital Limited (via another company) (T20).

T20 is a private equity investor. The commissioners were not aware of the potential sale of the provider, prior to making their decisions.

Since the November decision to extend the contract was made on the assumption that the commissioners would continue to deal with the same provider, with the same intentions and risk profile, BSW CCG and the council paused formal confirmation and notification of the extension decision and commissioned an independent review of the implications of these changes to local services.

The content of this independent review highlighted uncertainties arising from the change in ownership of Virgin Care, including ongoing contractual and financial risks, which have now been carefully considered by BSW CCG Governing Body and Bath & North East Somerset Council cabinet at meetings held on 26 May.

Both have agreed not to extend the contract which will now end on 31 March 2024.

Both the CCG and Council have said that the decision offers an opportunity to create a new integrated model for health and social care services for local people which would be commissioned at scale. Other benefits highlighted by the CCG and Council include the opportunity to explore integrating adult social care staff and third sector commissioning back into the council.

BaNES Integrated Care Alliance and Integrated Care System update

The Health and Care Act received Royal Assent in April 2022 with changes coming into force from 1 July 2022.

At the heart of the changes brought about by the Act is the formalisation of integrated care systems (ICSs) and the dissolution of Clinical Commissioning Groups (CCGs).

Bath and North East Somerset will be part of the Banes, Swindon and Wiltshire (BSW) ICS. ICSs are partnerships that bring providers and commissioners of NHS services together with local authorities and other local partners to collectively plan health and care services to meet the needs of their local population. There is a strong emphasis on working collaboratively together, instead of competition.

BSW ICS will be made up of two parts: an integrated care board (ICB) and an integrated care partnership (ICP). ICBs will be tasked with the commissioning and oversight of most NHS services and will be accountable to NHS England for NHS spending and performance. ICPs will bring together a wider range of partners, not just the NHS, to develop a plan to address the broader health, public health, and social care needs of the population. ICSs have the potential to reach beyond the NHS to work alongside local authorities and other partners to address the wider determinants of health. Along with other local authorities in BSW, Bath and North East Somerset Council will be a key partner in this arrangement.

As part of the establishment of the new Integrated Care System at BSW, the Bath and North East Somerset Integrated Care Alliance (ICA) also goes live on 1 July 2022. The BaNES ICA held a development day recently to look at how governance, structure, priorities and key areas will be developed.

Covid update

The pandemic continues to present us with challenges although we have begun to move towards treating Covid-19 as business as usual as much as we can while continuing to keep patients, visitors and staff safe.

Nationally, the NHS threat level in response to Covid-19 has been downgraded following drops in community cases and hospital inpatient numbers from a Level 4 (National) Incident to a Level 3 (Regional) incident.

The NHS needs to remain vigilant, and local systems need to ensure their resilience and capability to re-establish full incident responses in the event this becomes necessary.

Systems have been asked to move resources from focussing on Covid response to a focus on recovery of patient access, outcomes and experience and to reform for the future with integrated care systems.

In recent weeks we have seen the very high numbers of hospital inpatients who have tested positive for Covid begin to decline, along with the number of patients who have Covid as their primary diagnosis, but we continue to monitor trends very closely.

Current guidance for all healthcare settings states that masks must continue to be worn in all areas, unless a room or space has been risk assessed as being 'Covid secure' – this is the case in most staffrooms, meeting rooms and some office spaces. In all clinical areas, waiting areas, open plan office areas in corridors and stairwells, when visiting patient's own homes or in our GP practices, masks must be worn by staff and visitors at all times. Patients are encouraged to wear a mask where clinically appropriate.

National guidance states that social distancing is no longer required in healthcare settings and we are adopting this approach in all areas provided that face masks are worn. One metre is required where face masks are not worn, with 2m distancing required in areas where infectious respiratory patients are cared for.

Strict hand hygiene should be maintained at all times, and everyone should be using the hand gel provided.

Latest figures for our Covid vaccination programme show that in BSW 2,270,000 vaccines have been delivered. In BaNES 173,878 people have received first doses and 166,353 received second doses.

RUH uses latest technology to treat ovarian cancer

The Royal United Hospitals Bath NHS Foundation Trust has become one of five trusts in the UK to introduce an innovative piece of equipment used for the targeted removal of cancer cells for patients with ovarian cancer.

The PlasmaJet Ultra is more successful in removing all traces of the tumour than more traditional surgical methods, leading to better patient outcomes.

Some women undergoing surgery for ovarian cancer need to have parts of their bowel removed in order to eradicate the disease. In some cases, this means patients need a stoma and possible further follow-up surgeries.

The PlasmaJet Ultra uses the plasma energy from ionised argon gas to destroy cancer cells safely during surgery. This makes it easier to remove cancer cells from structures such as the bowel and diaphragm, without causing damage to healthy surrounding tissue.

As a result, there may be no need to remove the tissue in these areas, which reduces the impact on a patient's quality of life after their surgery and the amount of time they stay in hospital.