BATH AND NORTH EAST SOMERSET

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

Wednesday, 19th October, 2022

Present:- Councillors Vic Pritchard (Chair), Ruth Malloy, Andy Wait, Paul May, Liz Hardman, Rob Appleyard and Joanna Wright

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

Also in attendance: Suzanne Westhead (Director of Adult Social Care) and Paul Scott (Associate Director for Public Health), Simon Sethi (Chief Operating Officer, RUH), Dr Veronica Lyell (Clinical Lead for the RUH Older People's Unit) and Laura Ambler (Place Director for Bath and North East Somerset, BSW ICB)

39 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

40 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

41 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Michelle O'Doherty and Gerry Curran had sent their apologies to the Panel.

42 DECLARATIONS OF INTEREST

There were none.

43 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

A member of the public, Paula Riseborough had asked a question relating to Agenda Item 7 (RUH – Ambulance Service / Winter Planning / Treatment Waiting Times). A copy of the question and subsequent answer can be found attached as an online appendix to these minutes.

Councillor Joanna Wright addressed the Panel on the subject of Dentistry and said that there is a severe lack of NHS services locally. She said that where services were available in a number of cases she was aware of significant delays.

She recounted a letter from a member of the public that said that having been unable to find an NHS dentist, had found an ‘affordable’ one and had received treatment that included two teeth being removed and a filling at a total cost of £330.

The letter also told of how her daughter had been waiting two years for a number of teeth to be removed at hospital. It said that on finally receiving an appointment in September she had six teeth removed even though was advised that one could be saved. The daughter asked for the tooth to be removed as she did not have a dentist as could not afford to go private.

Councillor Wright provided the Panel with further evidence from a member of the public and the poor care their son had received following the removal of a wisdom tooth.

He had a double surgical wisdom tooth extraction in August under general anaesthetic at the Royal United Hospital, Bath. He was first referred for the operation by his dentist in 2019 and after a couple of postponements he received a phone call in August 2022 and was told that he could have the operation on Monday 8th August. In the following week leading up to the operation, they did not receive a letter with the date, time, or advance instructions.

They called the hospital the Friday before the operation (5th August) to check if he needed to prepare in any way. During this call, they were given the important information that he must not eat after 7am and not drink water after 10 am on the day of the operation and that he must be collected after the operation by somebody and have someone with him for 24 hours following the general anaesthetic.

On the day of the operation they were told that nobody could wait with their son prior to the surgery. They said he was quite anxious about the procedure, especially as he had never had a general anaesthetic before. The anxiety and lack of support made this a difficult experience for him.

At around 3.30pm their son messaged to say that he was going into the operation. We were given no idea of how long it would be. I was told to call after an hour. After an hour and a half they called to see if he was ready to be collected and were told first of all that they did not know where he was, and then that he was still in recovery and to call back in an hour. After another hour they were told that he was still not back and that they had 33 patients and only 12 beds and that he was still in recovery awaiting a bed.

Finally, the ward staff said that they could come in and collect him, but when they arrived at the hospital following a 20-minute drive they were told he was not back yet. When he did return he appeared still very sedated and only semi-conscious. A kind member of the recovery team had brought him to the ward.

There was a shift changeover. The next ward nurse told them that he had to pass urine 3 times before he could be discharged. This was rather disappointing.

Fairly quickly another nurse arrived and said they should leave as it was getting late (it was about 8.30pm by this time) This nurse gave them a sheet of paper which stated who had performed the operation and what painkillers he had to take home with him. She said there was no aftercare and if we had any problems to call our GP.

They had no idea how to care for a mouth in this condition with this level of swelling as well. No one told them what medications or painkillers he had been given last or when they could give him the next painkillers.

They returned home and searched online for suggestions as to how to care for their son the best they could. There was a lot of swelling, pain, very bruised mouth, neck, and face. He was totally unable to function that evening due to the meds he had been given and the impact on his face and mouth.

On the 3rd day following the procedure he began to complain of a bad sore throat. They called their GP and he said it could be a postoperative infection. He suggested that they should start on antibiotics in case it was an infection and they made an appointment to be seen that afternoon.

By 1.30pm he began feeling absolutely terrible. He literally felt as if he was going to die. He felt he was going to vomit, he was shaking, hot and cold to touch, pins and needles in all his limbs, tingling with what also felt like a fire in his chest, very confused, very afraid. They made the decision to go to the GP practice immediately. The duty doctor said that they needed to go to A&E immediately and see the maxillofacial surgical team. He called the department to prepare for his arrival and he prepared a letter for us to take stating that their son was ‘Tachycardic and had hypertension and that he was ‘concerned about a post-operative infection and given the systemic impact would be grateful for your review’. As soon as I had the letter in my hands, I drove to A&E.

Once they arrived at A&E with the preparations of the duty doctor their son was seen and triaged very quickly and taken rapidly up to the Maxillofacial department where a team of 4 were waiting for him. The lead maxillofacial surgeon said that there was a lot of food debris around the surgical sites and the gums were looking red and that he couldn’t rule out an infection. The surgical sites were cleaned, and a large blood clot was removed by suction.

Their son was given a course of antibiotics and given a special syringe with a long tube and antiseptic mouthwash to enable him to clean the surgical sites after any food. This was what he did subsequently, and his recovery continues to improve and be good.

Councillor Wright said that she believed that there is a problem with the general availability of dentists locally and that she was hoping to attend a webinar on 27th October entitled ‘Eliminating Dental Deserts’.

The Chairman commented that this was recognised as a national problem and that he would see if the matter could form an agenda item for a future meeting.

Councillor Liz Hardman said that she would support Councillor Wright in attending the event.

The Democratic Services Officer advised that any training requests should come directly to Democratic Services, as the Panel does not have the power or budget to allocate this resource.

The Chairman said that he would support the request and members of the Panel were also in agreement.

45 RUH - AMBULANCE SERVICE / WINTER PLANNING / TREATMENT WAITING TIMES

Simon Sethi, Chief Operating Officer, RUH and Dr Veronica Lyell, Clinical Lead for the RUH Older People's Unit gave a presentation to the Panel, a copy of which will be available as an online appendix to these minutes, a summary is set out below.

<u>Elective waiting times – RUH within the region</u>

- RUH performing 10% more elective activity than before COVID to help recover waiting times.
- Focus on diagnostics: 20% more MRI, 30% more CT and >50% more endoscopy.
- Currently have no one waiting over 104 weeks with 115 waiting over 78 weeks.

<u>Electives and winter – 300 operations impact</u>

- Lost capacity due to bed pressures. Currently no joint replacement operations taking place due to bed shortages.
- Removing winter pressures would increase orthopaedic capacity by at least 22% and up to 48%.
- Temporary Modular Theatre plan for Circle Bath Clinic for February 2023.

<u>Urgent Care – remains significantly challenged</u>

- 462 – Number of ambulance handover delays over 60 minutes on average each month

Current position on NC2R for the RUH

- Regression analysis indicates NC2R (Non-Criteria to Reside) accounts for 62% of the reasons RUH struggles to offload ambulances.

- Integrated Care Board and Council working closely together to improve this area.

- Average wait to access a reablement bed once referred in BANES? 15 days

- Average wait to access reablement at home once referred in BANES? 16 days

Councillor Liz Hardman commented that it was recognised that the problems regarding ambulances not being able to discharge their patients was due to bed blocking. She referred to the report and highlighted that currently there are 40 patients waiting to be discharged from the RUH and that this is because of problems with reablement not being able to take place. She asked what needs to happen to unblock the situation.

Simon Sethi acknowledged the importance of getting people home from hospital where possible, but said that there was gap in domiciliary care provision.

The Director of Adult Social Care added that there was a gap in terms of staff hours and that the Council and the RUH have been working on developing their own in house domiciliary care agency known as United Care BaNES. She said that they were looking to provide an additional 1,000 hours by November 2022.

She stated that this is an important issue to address as for every day that a patient stays that is longer than necessary the outcomes will not be as good. She added that she was aware of the RUH Pathway Escalation Team that has a focus on recovery and therapy.

She said that work was also ongoing within the Ambulance Service with regard to decisions about where best it is for a patient to be taken for treatment.

Councillor Paul May asked for an explanation of the different patient pathways.

Dr Veronica Lyell replied that the pathways are set out as follows:

- Pathway 0 – No additional support required

- Pathway 1 – Intermediate care and reablement services provided in their own homes.

- Pathway 2 – Short term residential care within the independent and community sector.

- Pathway 3 – Long term nursing care within the independent sector.

Councillor Joanna Wright asked if any thought had been given as to whether staff should continue to work 12 hour shifts at the hospital.

Dr Veronica Lyell replied that this was a typical nursing pattern and that it had been a decision that had been supported by staff.

Real harms of delay

Two examples were outlined to the Panel.

Molly: Less fit than she used to be, daughter lives quite a distance away, receives meal deliveries and neighbours visit regularly. She falls one day and fractures her pelvis. After receiving treatment and a short stay in hospital she is able to walk a few steps with the aid of a frame.

She is unable to raise her legs though to enable her to get into bed by herself or in/out of the bath and will need help at home. She finds it increasingly difficult to rest in hospital due to the noise and becomes muddled due to the lack of sleep.

She starts to become vague when talking with staff and family members, resistant to help and has started to wet the bed overnight. It does not appear suitable for her to stay on Pathway 1 and needs to be moved to bedded care through Discharge to Assess.

Derek: He has dementia and is visited by carers several times a day. He does fall over quite a lot and the carers feel that he should not be at home. Family have been looking for a care home for him, but have not found one yet.

Taken to hospital after one fall and has been waiting four weeks to be discharged. Unfortunately, he gets Covid while in hospital and has to be moved to another ward to recover.

Dr Veronica Lyell commented that she was aware of incidents where people have had to wait 10 hours for an ambulance after falling at home and then had to wait a further 8 hours in the ambulance when arriving at the hospital due to the lack of beds.

She added that difficult decisions are taken on a daily basis as to which patients need to stay in hospital and which are able to be discharged.

The Chairman commented that he was encouraged to hear the work with regard to elective care, but was concerned over the availability to provide urgent care to the public.

Kevin Burnett asked if there was any capacity within the system to change the processes to allow patients to be discharged sooner.

Dr Veronica Lyell replied that nurses do try to assess patients at the earliest opportunity so that their stay in hospital can be minimised.

Simon Sethi added that the hospital does need support from the Council to enable patients to be safely discharged in a shorter space of time. He said that £2m was to be invested over the next six months to compensate for the pressures within Urgent Care. This money will seek to open more hospital beds, ask staff to work extra shifts over the Winter period to enable patients to have regular reviews and recruit to a Mobilisation Team that will help patients with reablement whilst in hospital and allow for them to return home needing less / no care.

He stated that there were 70 actions on the RUH Winter Plan and that there is a need to collaborate with the Council on the recruitment of Domiciliary Care staff.

Councillor Liz Hardman said that she welcomed the patient examples that had been shared with the Panel. She asked where the resources should come from to provide the additional support for the RUH.

Simon Sethi replied that it was important to highlight the impact of these challenges and that collaboration work with partners, including HCRG and the third sector, will continue over the coming months.

The Director of Adult Social Care added that they do work closely together and meet every Monday morning to discuss ongoing matters and areas of concern. She said that she too was also concerned over the coming months especially in terms of staff and the pressure they will be under. She explained that where possible they will seek to manage patients within community settings to avoid entry into Urgent Care.

Councillor Paul May asked if there was any particular issue that the Council needs to be mindful of given that the HCRG contract will cease in March 2024.

The Director of Adult Social Care replied that the change from the HCRG contract does pose a possible risk to Urgent Care and so all attempts must be made to stabilise the system as much as possible. She added that a patient's length of stay in hospital must be cut where possible and that an average of 2-3 days would give the system a better flow.

She also called for Social Care staff to be paid a better wage and for their roles to be professionalised.

Dr Veronica Lyell added that the Hospital@Home scheme supports patients to return home where they will continue to receive care, rather than staying in hospital, even though they are medically unwell and said that this has been seen as a positive piece of work. She added that where possible the Council should look to influence for an increased rate of pay for staff and lobby the Government with regard to the Social Care Cap.

Councillor Rob Appleyard commented that he felt that conversations regarding the discharge of patients should take place as soon as possible to enable a better flow on site.

Dr Veronica Lyell agreed and said that staff are encouraged to start those conversations when deemed appropriate.

Councillor Appleyard said that he believed the RUH were being proactive and that the Government should be lobbied for care staff to receive a good rate of pay.

Councillor Joanna Wright commented that the families of older patients are not always able to be so supportive as they are tired themselves and asked if they were able to receive more support.

The Director of Adult Social Care replied that it can be hard to navigate the system and that work was ongoing with Age UK to provide some support.

Councillor Andy Wait asked if a better rate of pay for care staff could be achieved, would we be able to locally recruit the additional numbers required to help ease the pressure within the system.

The Director of Adult Social Care replied that she believed it would be possible to recruit and retain the staff required if they were supported by a better pay structure. She added that they were also considering approaching international care staff to come and work in the area.

The Place Director for Bath and North East Somerset, BSW ICB said that the Care Coordination Centre also needed to be signposted as an option for certain patients rather than entering into urgent care.

The Chairman thanked Simon Sethi and Dr Veronica Lyell for attending the meeting and said that he would like the Council to work with the BSW ICB to address the pay / career structure for care staff.

46 SUICIDE PREVENTION

The Associate Director for Public Health introduced the report to the Panel. He explained that in 2020 the Suicide Prevention Strategy 2020-2023 was launched outlining the commitment from all partners to work together to reduce suicide in B&NES, aligning to the BSW Suicide Prevention Strategy.

He said that the Strategic Suicide Prevention Group has in this time carried out work within schools, the Community & Wellbeing Hub and supported the work of Bath Mind - Breathing Space.

He informed the Panel that the Group has worked with Avon & Somerset Police and the local Coroner to receive notification within a day of any suicide taking place.

He spoke of the Beside project service which is run by Second Step and said that the provision of this service is a commitment from the NHS Long Term Plan funding. He said that the service began running in July 2021 and offers emotional and practical support within a few days after losing someone to suicide for people over 16years old, whether they are a family member, next of kin or a loved one.

He stated that a stakeholder event had been held last week to begin to establish priorities for a future strategy.

He said that the number of incidents locally (48) had fallen in B&NES during 2019-2021. Female and male rates both fell with the male rate still slightly higher than the England average. This was the lowest 3-year rate since 2009-2011.

Councillor Liz Hardman commented that 25% of people who committed suicide had been in contact with health professionals, usually a doctor in the last week before they died and that many had seen a health professional / doctor a month before. She asked are there any links / sharing of information between the Integrated Care Board with its GP surgeries and the suicide prevention team which could prevent some deaths happening. If not, could something be put in place.

The Associate Director for Public Health replied that a GP representative does sit on the Strategic Suicide Prevention Group and that training and workforce development on this subject was ongoing across the BSW footprint. He added that the GP discussions may have been about pain or symptoms and not mentioned suicide.

Councillor Hardman referred to page 42 of the agenda and the proposed action to increase awareness of Counselling Services from Bath Mind and said that she had found out that there was a four month waiting list for these services. She asked if the Council provided any funding for this service.

The Associate Director for Public Health replied that it does receive funding from B&NES and the BSW ICB. He said that Breathing Space does provide an in-person service and/or evening phone support which is open seven evenings per week. He added that Mental Health Commissioners may know further about the waiting lists mentioned.

Councillor Hardman asked how do we ensure that Schools are using resources which supports the delivery of a whole school or setting approach to Mental Health and Wellbeing through the public health in schools and early years programmes. She added that how can it be ensured that the excellent resources of Boys in Mind are also used in BANES schools as these help increase awareness of mental health problems which could lead to suicide.

The Associate Director for Public Health replied that he was aware of quite a lot of work that is done within schools. He added that Public Health also provides support to The HUB which is an online service that helps services and schools work together to ensure effective communication, timely distribution of information and easy purchase of trading services and course bookings.

He said that a guide for schools was available if a suicide has occurred that affects them and that each school should have a Senior Mental Health Lead within their staff.

Councillor Paul May asked if he could comment on the Mental Health services available locally, including from the private sector.

The Associate Director for Public Health replied that they do work alongside AWP (Avon and Wiltshire Mental Health Partnership NHS Trust) who are the lead provider of healthcare for people with serious mental illness, learning disabilities and autism across Bath and North East Somerset (BaNES), Swindon and Wiltshire, and Bristol, North Somerset and South Gloucestershire.

He added that the Public Health team were not involved with services from the private sector.

Councillor Rob Appleyard commented that he supported this work and that offering people the opportunities to reach out and talk is very welcome. He said that he felt that the support to relatives and friends affected by these incidents was also good.

Councillor Joanna Wright stated that she felt that there were some elements missing from the Strategy and Action Plan. She added that increasingly there are many people that don't have enough money to live or are living in poor conditions within their home.

She called for the Government to be lobbied in terms of online safety and social media, in particular referring to young people.

Kevin Burnett commented that he was aware of some recent referrals to CAMHS (Child and Adolescent Mental Health Services) that have not yet received any form of counselling service. He asked when the results of the most recent school health and wellbeing survey would be available.

The Associate Director for Public Health replied that CAMHS works across the BSW area and within localities. He added that they are looking to strengthen the work within B&NES following a recent restructure.

He said that Public Health were currently doing some insight work into Self Harm as the figures relating to this for adolescents had doubled during lockdown. He added that he would check on the status of the school health and wellbeing survey.

Councillor Ruth Malloy said that she hoped that the work mentioned would see a reduction in the rates of self harm among young people and that she welcomed the extra support provided within schools through the Senior Mental Health Lead and hoped that more teachers were able to become involved.

The Chairman said that he was also concerned about the effect that social media can have on people and suggested that the BSW ICB be addressed on this matter.

Councillor Andy Wait agreed and said that the Government should be addressed on this matter at the same time.

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

47 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE / PRESENTATION

Laura Ambler, Place Director for Bath and North East Somerset, BSW ICB gave a presentation to the Panel, a copy of which will be available as an online appendix to these minutes, a summary is set out below.

Purpose

The purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- support broader social and economic development.

BSW Integrated Care System

- NHS England – Performance manages and supports the NHS bodies working with and through the ICS

- Care Quality Commission – Independently reviews and rates the ICS

- BSW Integrated Care Board (ICB) – Allocate NHS budget and commission services, produce a five-year system plan for health and care services.

- BSW Integrated Care Partnership (ICP) – Develop an Integrated Care Strategy that addresses the assessed health and care needs of the people in BSW.

How the BSW ICS is made up

Integrated Care System (ICS) – Organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Integrated Care Alliances (ICA) – Place-based partnerships of NHS, councils, community and voluntary organisations, local people, carers. Lead the design and delivery of integrated services at place.

BSW Integrated Care Board (ICB) – Statutory NHS organisation. Develops a plan for meeting the health needs of the population, Manages NHS budget and Arranges for the provision of health services in BSW.

BSW Integrated Care Partnership (ICP) – Statutory committee, formed between the ICB and local authorities. A broad alliance of organisations concerned with the health and wellbeing of the population. Author of the Integrated Care Strategy. Advocate for innovation, new approaches and improvement.

Local Authorities – Responsible for social care and public health functions and other services for local people and businesses.

Integrated Care Strategy

'Should set the direction of the system' …., 'Setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life'.

BSW Care Model

We are focussing on a range of initiatives that will improve the health and wellbeing and experience of care including:

- Population health, Prevention and Wellbeing focussed programmes
- Integrated Neighbourhood Teams
- Care Coordination
- Mental Health and wellbeing
- Learning Disabilities and Autism
- Maternity
- Recovery of elective care services
- Urgent care services

From April 2023 the ICS will also take on delegated commissioning responsibility for dental services, general ophthalmic services and pharmaceutical services.

Five key parts to the model:

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

Councillor Liz Hardman asked what differences we will see in this new service compared to what we had with Clinical Commissioning – will it mean an improvement in services for patients.

Laura Ambler replied that the main difference will be seen in the ways the Board works, its integrated working and the partnerships that are formed in addressing the problems that are identified. She added that the Board will also seek to empower local communities. She said that she would be happy to return to the Panel to update on its progress.

Councillor Hardman said she was interested to hear that the commissioning of dental services was to be delegated to the ICB.

Laura Ambler replied that the ICB would be taking on this role from next year and attempting to address local needs.

Councillor Rob Appleyard asked what benefits would be seen locally.

Laura Ambler replied that preventative measures were due to be enhanced and that we will make the best use of our combined available resources to deliver the highest quality care.

Councillor Appleyard asked how voices will be heard locally. He added whether this work should be scrutinised in a different way.

Laura Ambler replied that her role within the ICB feeds into the ICA and that the Local Authorities and NHS are amongst the members of the ICP. She added that she will take messages away today from the Panel and said that the ICB has its own scrutiny function in place.

The Director of Adult Social Care added that the three local Chief Executives each have a place on the Integrated Care Board and would likely use that role to influence the agenda where possible. She said that local priorities should be established and economies of scale used where able.

The Chairman asked that a representative of the ICB attend the Panel on a regular basis.

Laura Ambler replied that she would commit to attending Panel meetings as the focus on outcomes for the public is a priority for the ICB.

Councillor Ruth Malloy said that she welcomed the delegated commissioning of certain services to the ICS and wondered if this might lead to weekend opening of some local pharmacies. She asked what was meant in terms of a '2 hour community response'.

Laura Ambler replied that this was primarily a team to respond to falls and provided by the Care Co-ordination Centre.

The Chairman thanked Laura Ambler for her presentation and attending on behalf of the Panel.

48 MINUTES: 5TH JULY 2022

The Chairman asked for the following matter to be chased on behalf of the Panel.

Minute 35: B&NES Child and Adolescent Mental Health Update

Councillor Curran asked if any stats were available on the numbers of children and young people who receive therapy treatments and those in receipt of medication as a result of their diagnosis.

Jane Rowland replied that she would need to check on those figures and reply to the Panel in due course.

Councillor Andy Wait commented that he had enquired about whether a representative from Keynsham Now would like to address a future meeting of the Panel and that he had possibly found a volunteer.

The Chairman offered for them to attend the Panel meeting scheduled for 8th November if available.

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

49 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Social Care was unable to attend the Panel and had circulated her update prior to the meeting. A copy of the update will be attached as an online appendix to these minutes.

Referring to the update, Councillor Andy Wait asked what inspections had been taking place in the interim for Adult Care if the previous inspection process was suspended in 2010.

The Director of Adult Social Care replied that provider services had continued to be inspected in terms of Domiciliary Care, Care Homes and HCRG contracts and that this resumption was an inspection of Social Care Practice, with a focus on carers and their experience.

Councillor Wait asked if there were any plans in place for the Winter to try to alleviate the increasing pressures that mental health services are facing with rapidly escalating demand and significant staff shortages.

The Director of Adult Social Care replied that there is a Pride Board which is an alliance of Mental Health staff for both Adults and Children's Services, Oxford Health and AWP that meet regularly to discuss how to manage commissioning pressures.

The Panel **RESOLVED** to note the update that had been provided.

50 PANEL WORKPLAN

Kevin Burnett suggested that a representative from the Youth Forum attends a future meeting to update on their work and any input they are having to the work of the Council.

The Chairman replied that he would discuss that with the Director of Children's Services & Education at their next agenda planning meeting.

Chris Batten said that he would like the cost of residential care for children to be addressed in some way following a BBC report earlier in the month that said costs were spiralling due to companies seeking an increased profit margin.

The Director of Adult Social Care replied that she and the Director of Children's Services & Education had recently began a piece of work focussing on 16 – 19 year old residential placements and what is commissioned locally. She said that they had started work with a company that will help us to work with providers to look at their profit margins.

She added that she felt that current costs were market driven and that their responsibility was to achieve good outcomes for the individual and their family.

Chris Batten asked why the former 'Care Hotel' provision was not being progressed for this Winter as it would surely alleviate some of the problems in terms of available hospital beds at the RUH.

The Director of Adult Social Care replied that last year the RUH were not really able to refer patients to the hotel as it was not equipped with what they required for certain patients.

Councillor Liz Hardman asked for a future report that gave more detail on local mental health services, especially CAMHS.

Councillor Joanna Wright asked if the Panel were due to receive any financial reports that would look at inflation and the effect this was having on Care Home Allowances.

The Director of Adult Social Care replied that these are set nationally and therefore there was little the Council could do.

The Panel acknowledged these comments and **RESOLVED** to the workplan as printed.

The meeting ended at 12.40 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Question:

I've read the presentation on 'Current Waiting Times and their Drivers at the RUH' with concerns shared by many in Bath&NES.

The report states that 40 patients are waiting for domiciliary care so that they can 'step down' from HCRG reablement services due to a shortfall of 1,600 domiciliary care hours.

In turn, 40 RUH patients are waiting for reablement care (so unable to be discharged from hospital beds).

This situation has a background of a shortage of community care workers, nursing staff, social workers and care assessors.

How is the new BSW Integrated Care System contributing to solutions of this critical problem (which adds to the pressure on A&E and ambulance services) in terms of staffing, care pathways and funding decisions?'

Answer

The BSW Integrated Care System is working together to improve the flow of patients through our hospitals and improve pathways. Our coordinated approach to bringing partners together ensures we can respond to the pressures we are currently experiencing and will face over the coming months.

As a system, we are continuing to work with our partners to deliver existing demand management and capacity improvement plans.

We are monitoring the impact of these plans at both a system and place level and will take the learning into the development of our plans for the coming winter.

We are drawing on the lessons learned from a number of initiatives put in place last winter which included the provision of additional beds at community hospitals across Bath and North East Somerset (BaNES) and through a temporary care facility at a hotel in central Bath. We are evaluating the outcomes of these schemes and will decide over the coming months whether or not to put them in place again this winter.

We are also looking at new initiatives such as virtual wards, which support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital, or supporting early discharge out of hospital.

Additionally, the RUH and BaNES Council have been working to address these issues through establishing "United Care Bath and North East Somerset", a homecare service to recruit, train and deploy social care staff for home care to help people home from hospital.

In terms of funding, working as a system allows us to bring together our financial positions to generate additional funding to help address these issues and save money where we can.

The general public can also play their part over the coming months by being vaccinated against flu and covid, helping loved ones return home from hospital, using A&E and GP services appropriately and using the 111 service.

Health and care services across BaNES, Swindon and Wiltshire are under intense pressure at the moment and will face an extremely challenging winter period, but this is something we are actively working to mitigate through a truly joined up and partnership based approach as one health and care system.

Royal United Hospitals Bath
NHS Foundation Trust

RUH Update – Elective and Urgent Care

Simon Sethi, Chief Operating Officer and

Dr Veronica Lyell, Clinical Lead for Older Persons Unit

The RUH, where you matter

Overview

- Elective care – where we are
- Urgent care – challenges and risks
- How we're working together to improve things

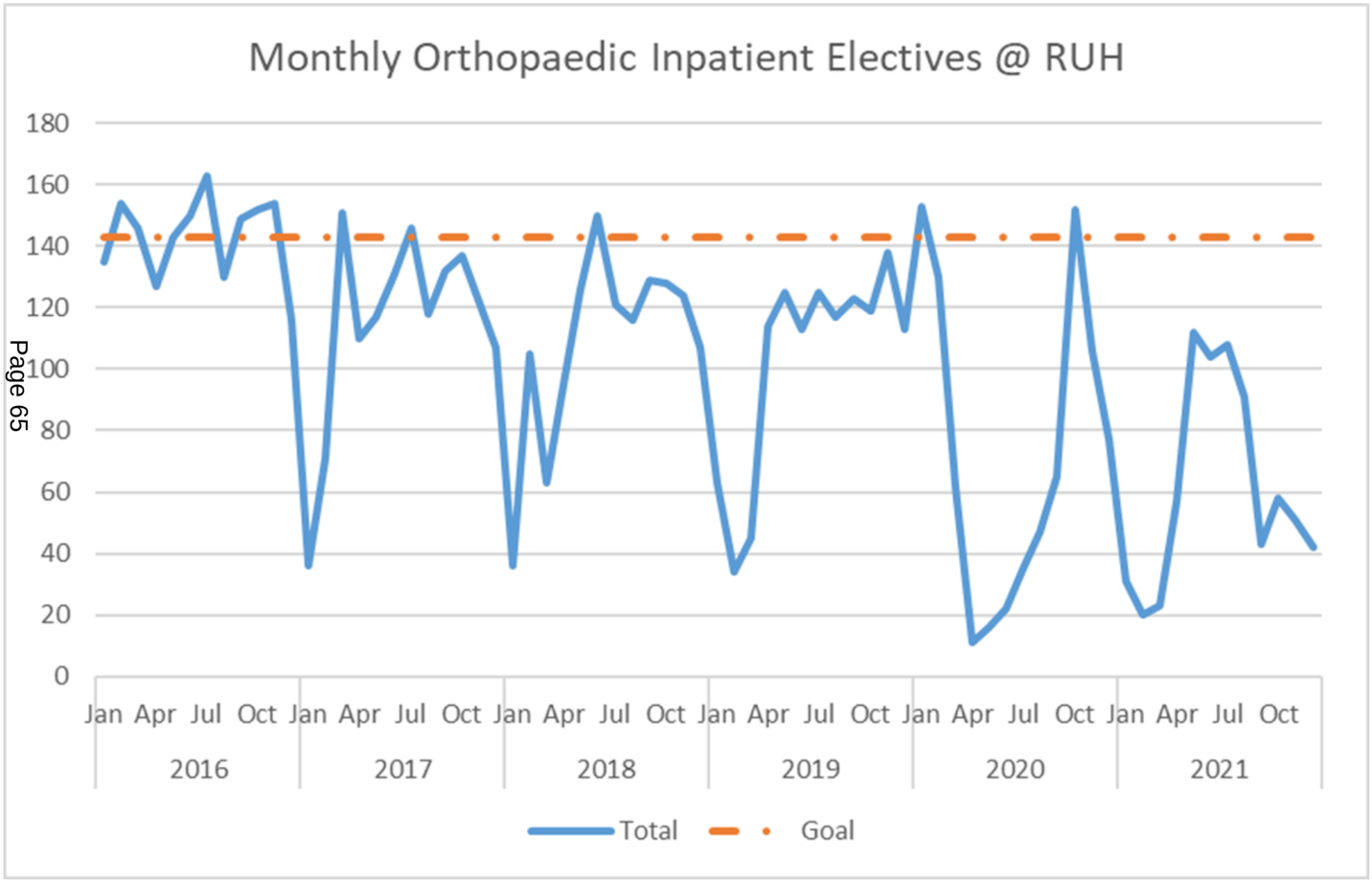
Elective waiting times – RUH within the region

Week Ending : 21 August 2022

		RTT		
		%>52 week	No over 78 weeks	No. of 104 weeks
BNSSG	N Bristol	6.90%	430	36
	UHB and Weston			
	UHB	9.38%	814	125
	Weston			
BSW	Great Western	4.14%	30	0
	RUH	4.28%	115	0
	Salisbury	2.03%	50	0
Cornwall	Royal Cornwall	5.72%	330	9
Devon	Royal Devon	9.70%	1508	296
	Torbay & S Devon	11.60%	751	59
	Plymouth	6.47%	1063	332
Dorset	Dorset County	7.22%	276	23
	UH Dorset			
	Poole	5.59%	494	101
	Bournemouth			
Glos	GHFT	2.06%	59	0
Somerset	Somerset	5.58%	337	21
	Yeovil	6.63%	88	0

- RUH performing 10% more elective activity than before COVID to help recover waiting times.
- Focus on diagnostics: 20% more MRI, 30% more CT and >50% more endoscopy.
- Currently have no one waiting over 104 weeks with 115 waiting over 78 weeks.
- Cancer demand up 22% compared to pre-COVID. Very high particularly in colorectal, urology and breast cancer referrals.

Electives and winter – 300 operations impact

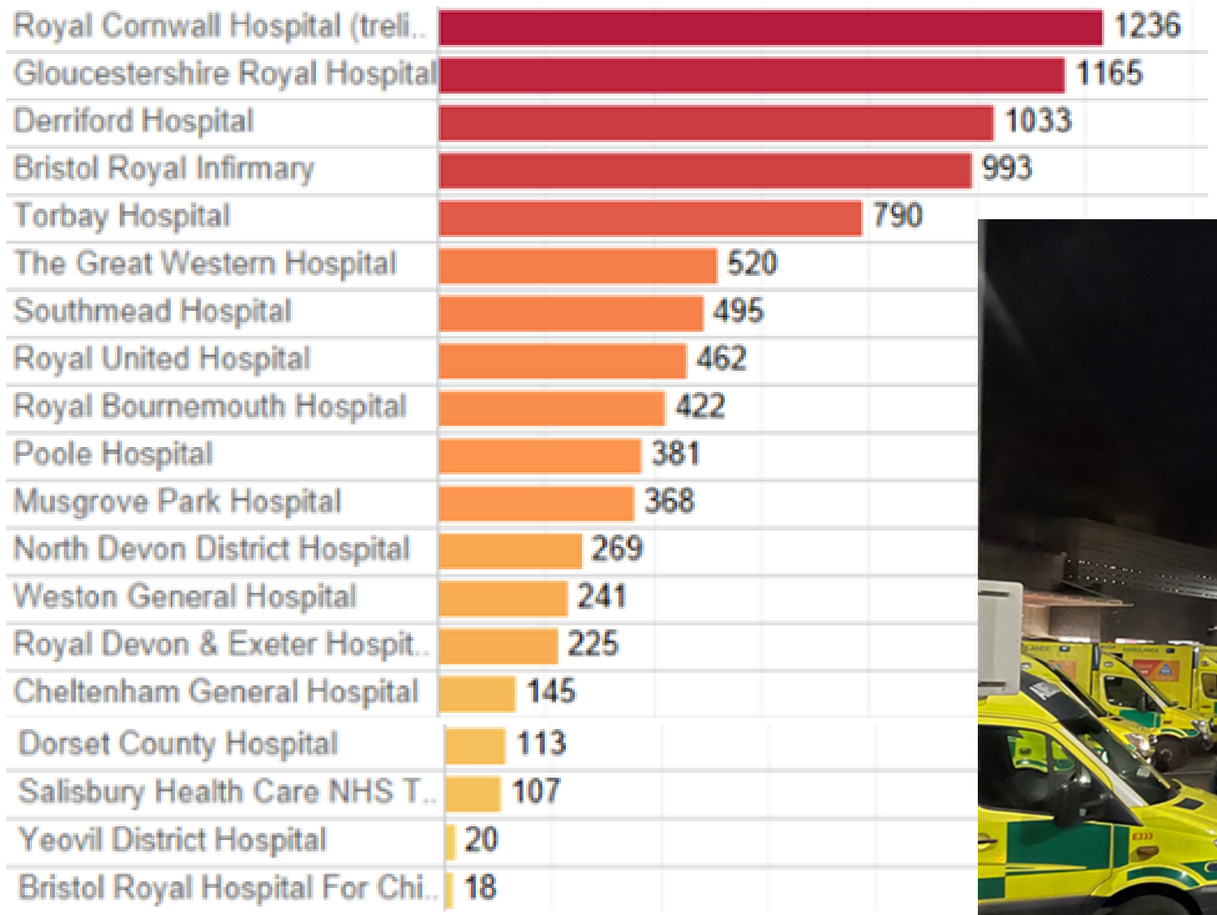


- Lost capacity due to bed pressures.
- Removing winter pressures would increase orthopaedic capacity by at least 22% and up to 48%.
- Modular theatre plan.

Urgent Care – remains significantly challenged

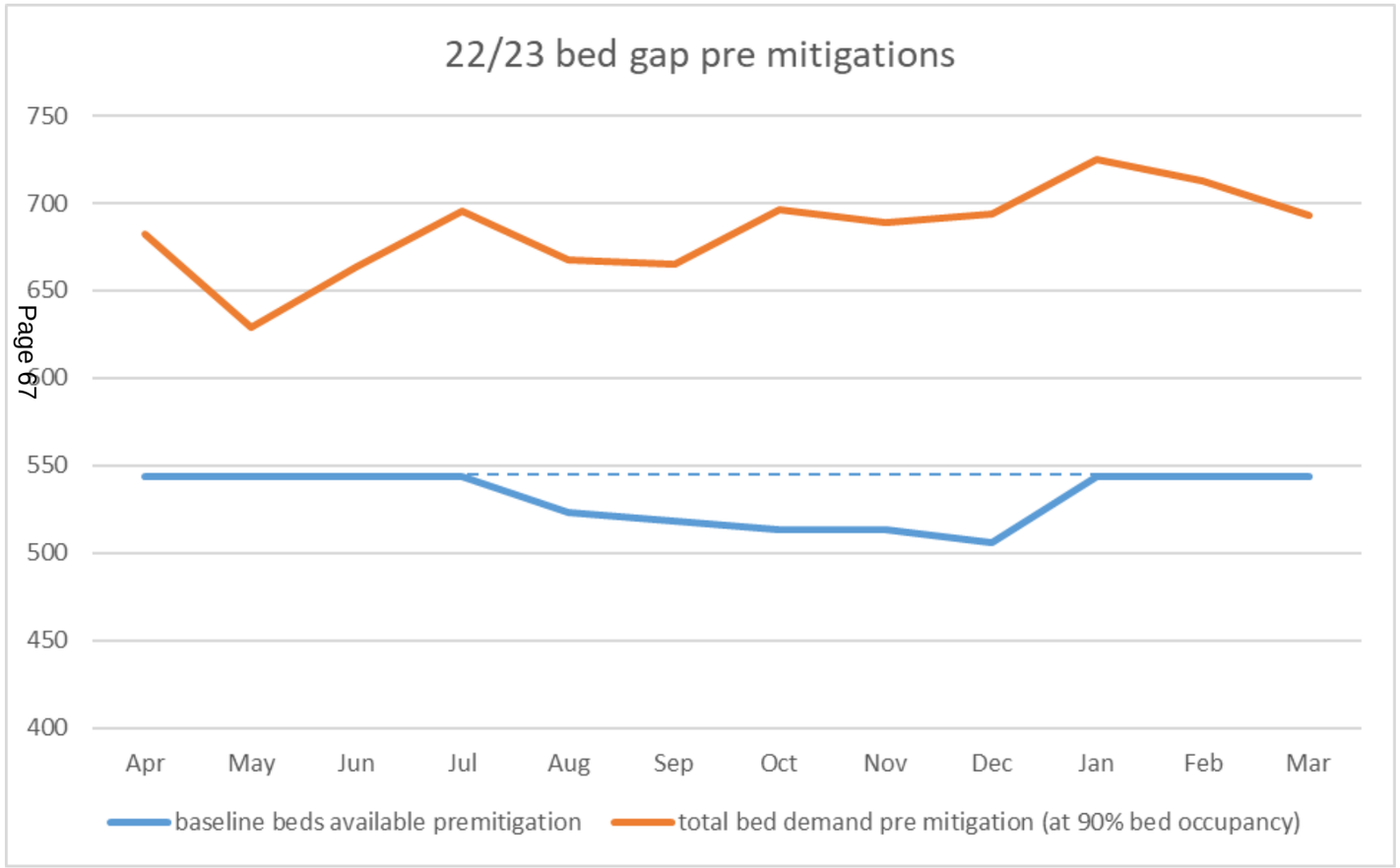
Number of handover delays over 60 minutes

SW 30 day rolling average - as at 28/08/22



The RUH, where you matter

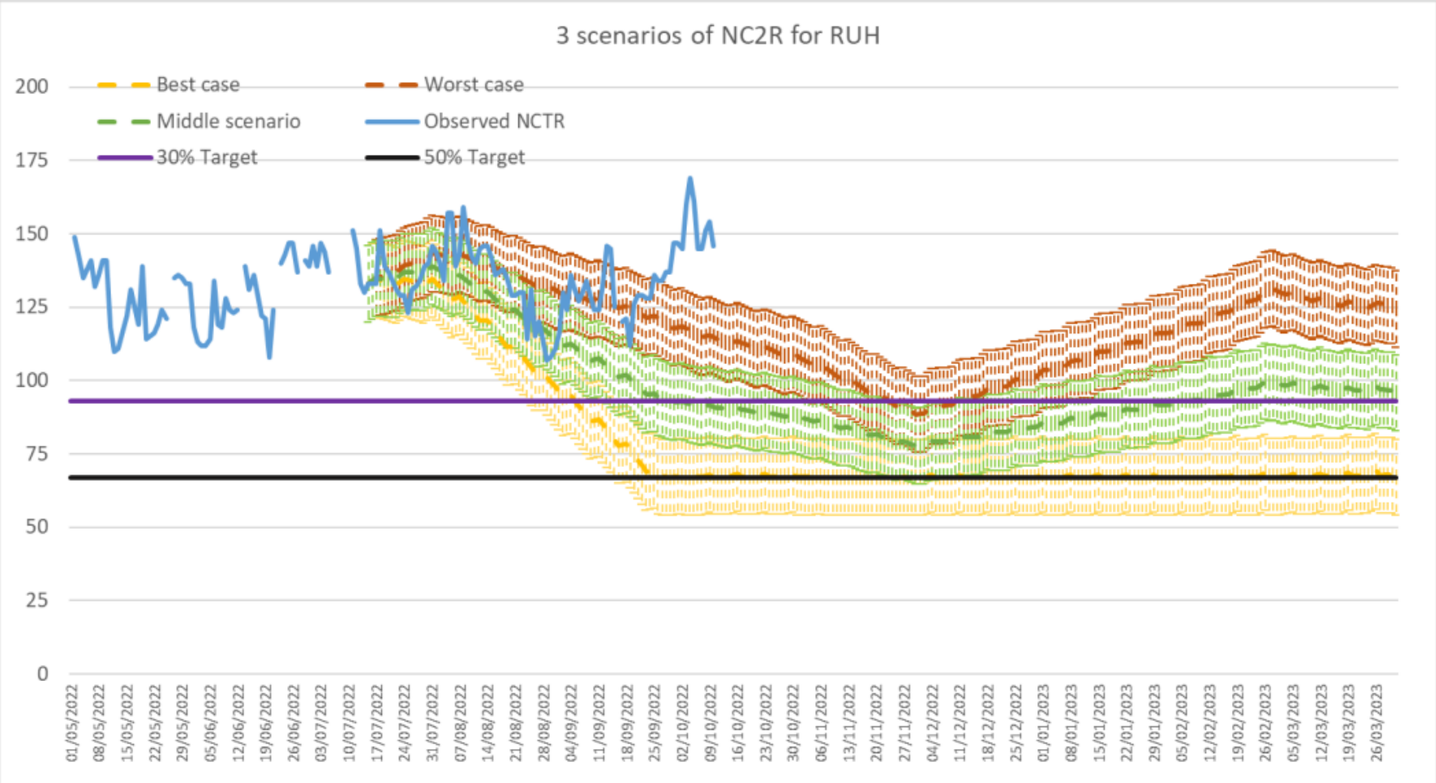
Winter bed model



Previously managed through:

- ❑ Ambulances not offloading (10-20)
- ❑ Patients waiting in ED for beds (20-30)
- ❑ Using CCU/Vascular Lab/Oasis as escalation
- ❑ Stopping surgery (24-48)

Current position on NC2R for the RUH



Regression analysis indicates NC2R accounts for 62% of the reasons RUH struggles to offload ambulances

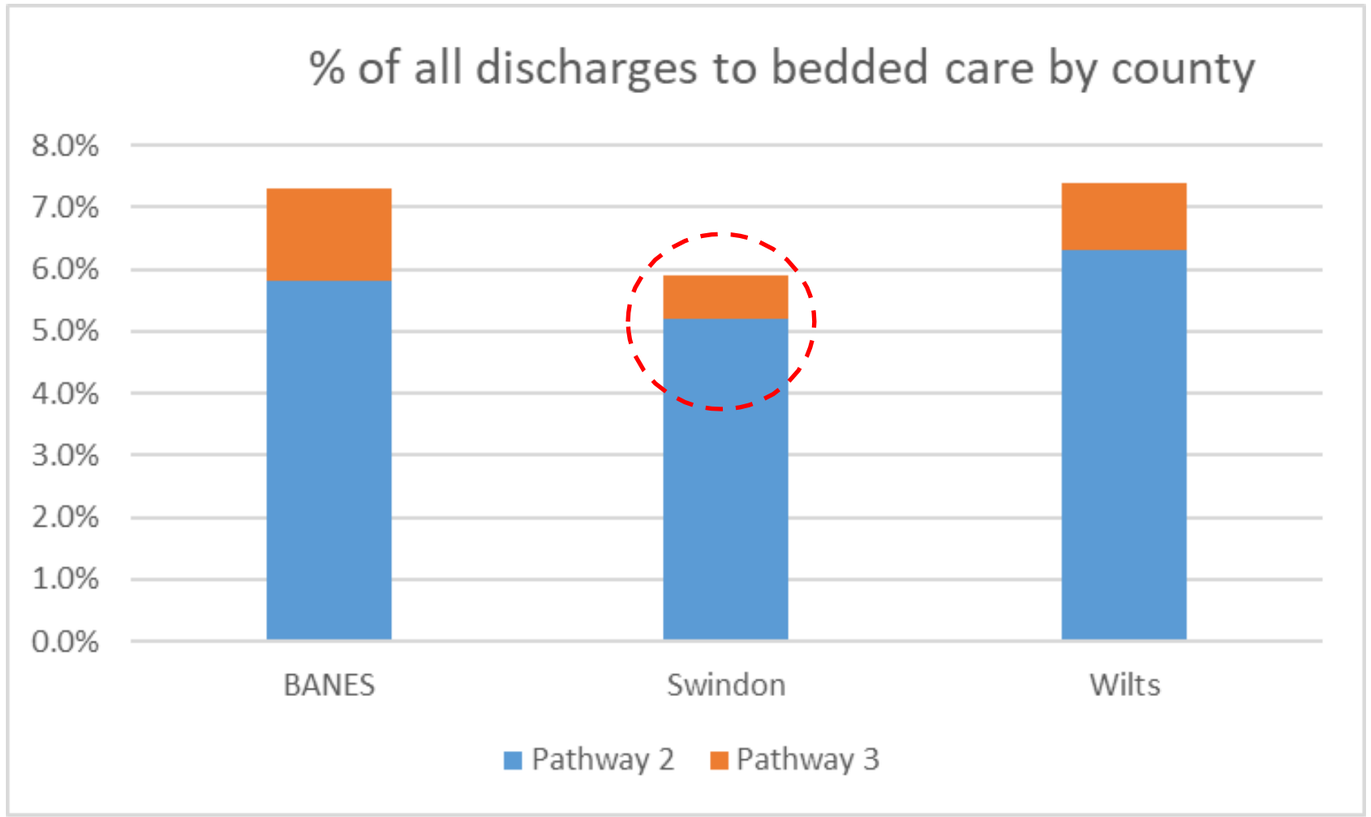
Quiz

- Average wait to access a reablement bed once referred in BANES? **15 days**

- Average wait to access reablement at home once referred in BANES? **16 days**

The RUH, where you matter

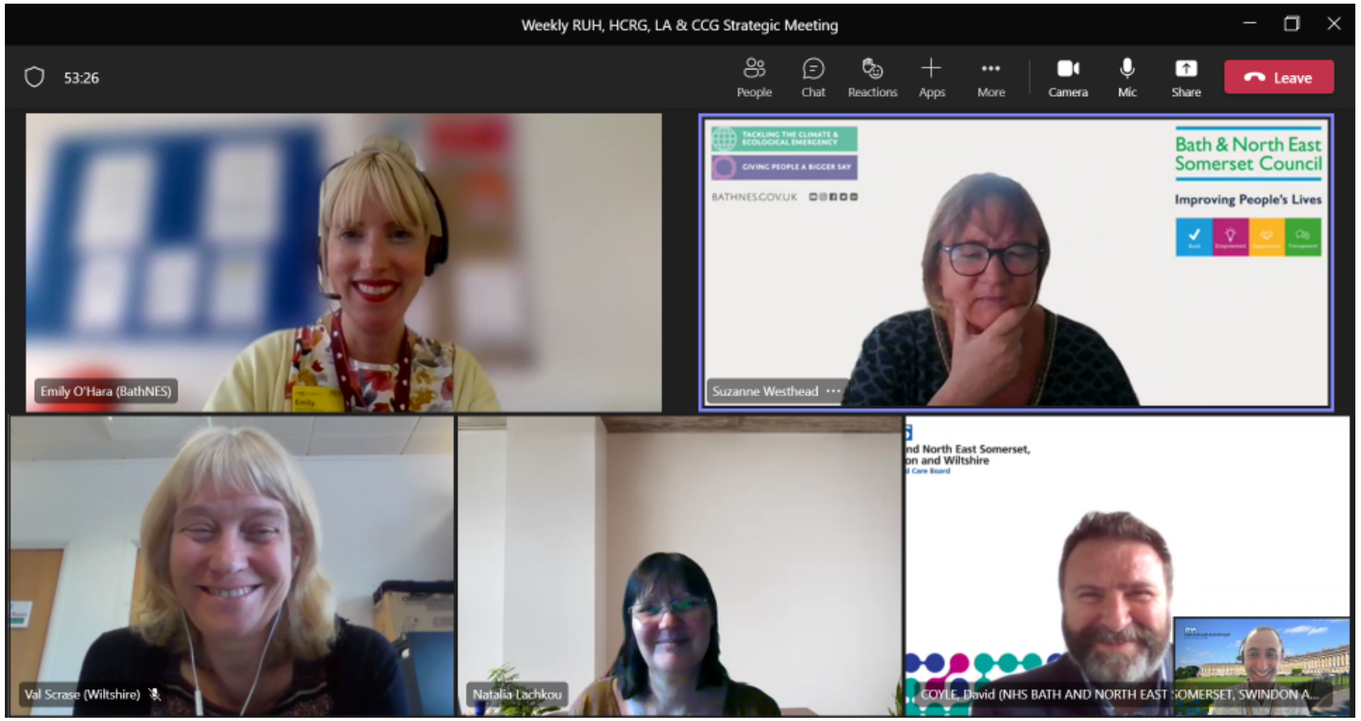
Over-use of bedded care?



- What are Swindon doing to minimise use of bedded care after hospital?
- RUH investing in mobilisation team to try and reduce discharges needing beds.
- Home is Best programme core to our focus at the RUH.

Real harms of delay

Working together as one team



- **Home is Best** programme: how do we ensure patients receive care out of hospital where possible and get home when they're ready?
- Creating joint posts and project to oversee how we work differently.
- United Care BANES – up to 200 hours per week – aiming for 1,000.

Conclusion

- RUH treating more patients than ever to help reduce waiting times – 10% more patients a month.
- Urgent Care under very real pressure – presenting risk to local residents due to lack of hospital capacity.
- We're working as one team to help make **Home is Best** a reality and get patients home when ready.

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NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Children, Adults, Health & Wellbeing Panel - 13th September 2022

Integrated Care Board Update

9th October 2022

Content

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

- Purpose of an Integrated Care System
- Integrated Care Strategy

Links to short videos with additional information

BSW ICS Explainer video

https://www.youtube.com/watch?v=PjRzwwL9vvk

NHS England video: Development of health and care System:

About BSW Together (icb.nhs.uk)

Kings Fund video: How the NHS in England is changing:

How does the NHS in England work and how is it changing? - YouTube

Purpose

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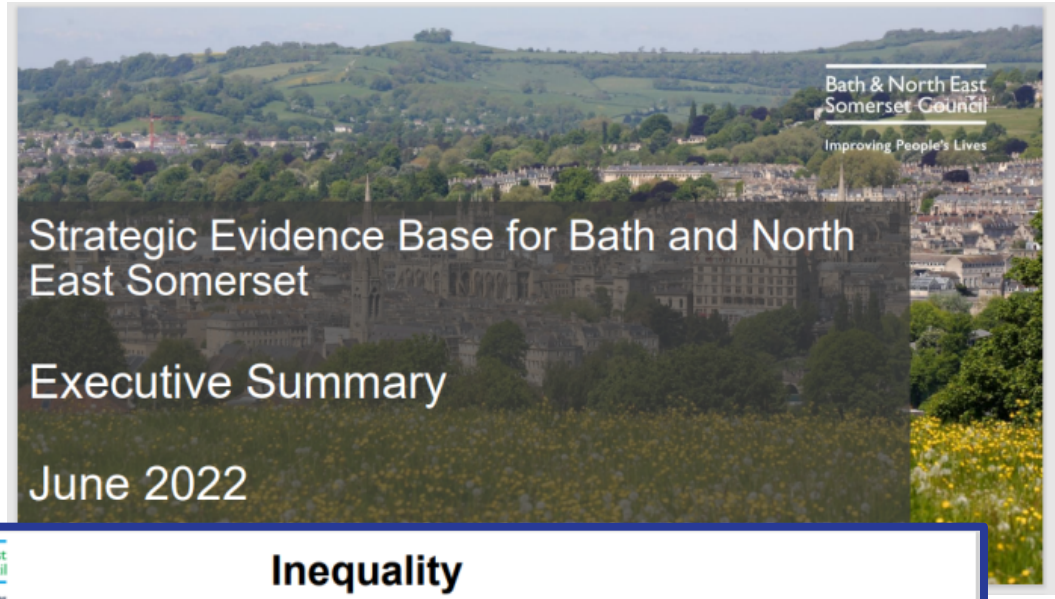
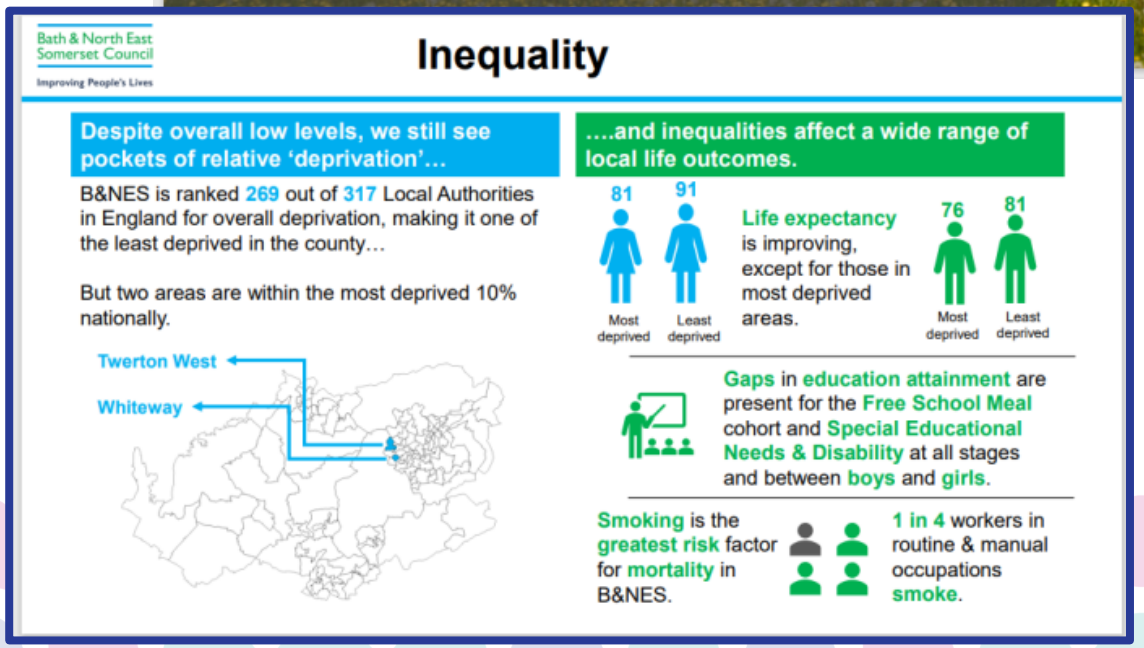
Integrated Care Board

The purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- support broader social and economic development.





BSW Integrated care system

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS

Statutory ICS

BSW Integrated Care Board (ICB)

Membership: Chair, Non-Executive Directors, Partner Members nominated by NHS trusts, local authorities and primary care, Partner Members from VCSE and community care

Role: Allocate NHS budget and commission services, produce a five-year system plan for health and care services

influence and alignment

BSW Integrated Care Partnership (ICP)

Membership: wide range of partners incl. local authorities, ICB, VCSE organisations and other partners

Role: Develop an Integrated Care Strategy that addresses the assessed health and care needs of the people in BSW

Influence ⇅ **Influence**

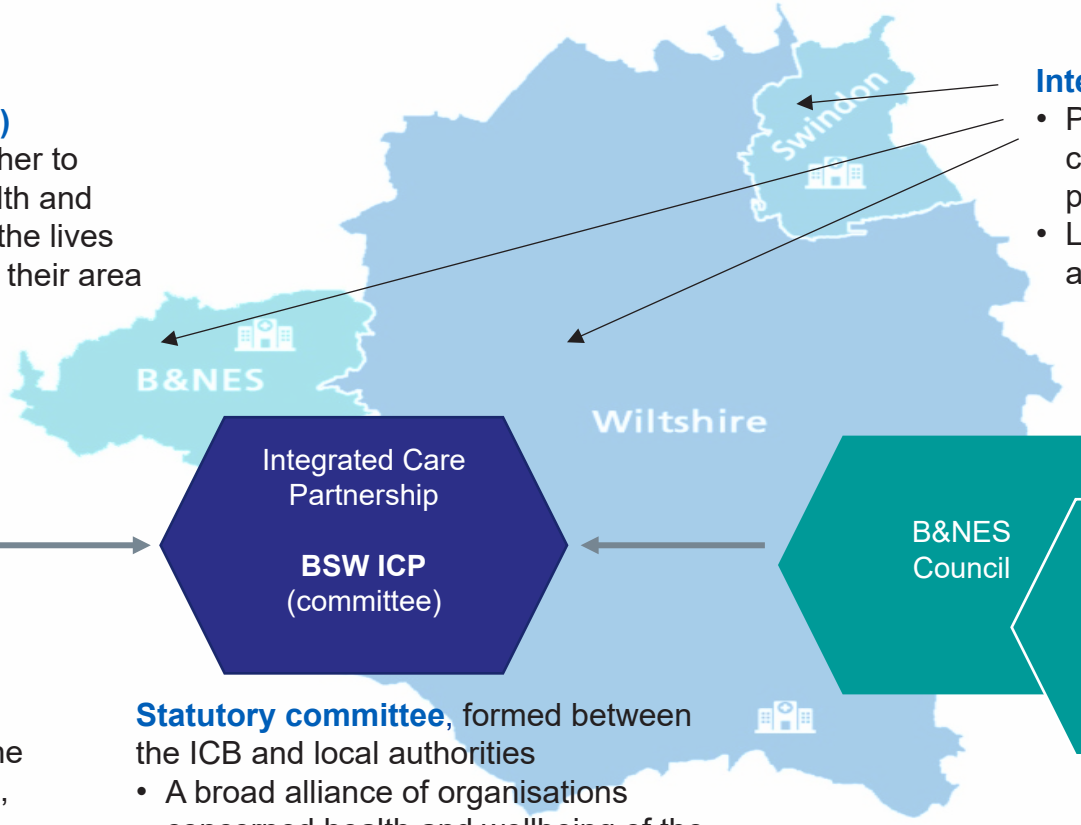
Partnership and delivery structures

Geographical footprint	Name	Participating organisations
System Populations of 1-2m	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health), VCSE sector and the independent sector. Can also operate at place level
Place Populations of 250,000 – 500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities and wider membership as appropriate. Can also operate at system level
	Place-based partnership	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services) , Healthwatch and primary care
Neighbourhood Populations of 30-50,000	**Primary care networks**	GPs, community pharmacists, dentistry, opticians

How the BSW ICS is made up

Integrated Care System (ICS)
Organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

Integrated Care Alliances (ICA)
- Place-based partnerships of NHS, councils, community and voluntary organisations, local people, carers
- Lead the design and delivery of integrated services at place



Integrated Care Board

BSW ICB
(organisation)

Integrated Care Partnership

BSW ICP
(committee)

B&NES Council

Swindon Council

Wiltshire Council

Statutory NHS organisation
- Develops a plan for meeting the health needs of the population,
- Manages NHS budget
- Arranges for the provision of health services in BSW

Statutory committee, formed between the ICB and local authorities
- A broad alliance of organisations concerned health and wellbeing of the population
- Author of the Integrated Care Strategy
- Advocate for innovation, new approaches and improvement

Local Authorities
- Responsible for social care and public health functions and other services for local people and businesses

Role of the Integrated Care Partnership (ICP)

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Integrated Care Board

What is an Integrated Care Partnership?

- A broad alliance of organisations concerned with health and wellbeing of the population
- The author of the Integrated Care Strategy, and other system-level integration strategies
- An advocate for innovation, new approaches and improvement

Department of Health & Social Care

Cllr Richard Clewer (Wiltshire) will be the first Chair of the ICP.

Our expectations for Integrated Care Partnerships

We have five expectations for Integrated Care Partnerships, that they will…

be a core part of Integrated Care System, driving their direction and priorities.	be rooted in the needs of people, communities and places.	create a space to develop and oversee population health strategies to improve health outcomes and experiences.	support integrated approaches and subsidiarity.	Be open and inclusive in strategy development and leadership, involving communities and partners to utilise local data and insights.

Department of Health & Social Care

The Integrated Care Partnership will be responsible for overseeing the development of the Integrated Care Strategy. A Steering Group is being established to coordinate the production of the Integrated Care Strategy on behalf of the ICP. Membership will be drawn from local organisations, Healthwatch, the Voluntary and Community Sector and will include strong representation from Public Health.

Integrated Care Strategy

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

'should set the direction of the system' …., 'setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life'.

People and communities strategy
Inequalities strategy
Social care strategy
Transport Strategy
Active Lifestyles
Education Strategy
Mental health strategy
Prevention & wellbeing strategy
Primary Care Strategy
Economic strategy
Integrated Care Transformation
Acute Clinical Strategy
Maternity strategy
Children & Young People strategy
Financial sustainability
Workforce Plans
Digital strategy
Estates strategy
Green Plan
Quality, Safety and Safeguarding Strategy
? strategy

Link to the Guidance

https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies

Board members of BSW Integrated Care Board

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Sue Harriman
Chief Executive Officer

Stephanie Elsy
Chair

Gary Heneage
Chief Finance Officer

Gill May
Chief Nurse

Dr Amanda Webb
Chief Medical Officer

Dr Claire Feehily
Non-Executive Director for Audit

Paul Miller
Non-Executive Director for Finance

Suzannah Power
Non-Executive Director for Remuneration and People

Julian Kirby
Non-Executive Director for Public and Community Engagement

Board members of BSW Integrated Care Board, continued

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Professor Rory Shaw
Non-Executive Director for Quality and Performance

Stacey Hunter
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector

Dominic Hardisty
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector

Douglas Blair
Community Provider Partner Member

Will Godfrey
Local Authority Partner Member – Bath and North East Somerset

Susie Kemp
Local Authority Partner Member - Swindon

Terence Herbert
Local Authority Partner Member - Wiltshire

Pam Webb
Partner Member - Voluntary Community and Social Enterprise

Dr Francis Campbell
Partner Member - Primary Care

BSW Care Model

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

We are focussing on a range of initiatives that will improve the health and wellbeing and experience of care including:

- Population health, Prevention and Wellbeing focussed programmes
- Integrated Neighbourhood Teams
- Care Coordination
- 2 Hour community response
- Mental Health and wellbeing
- Learning Disabilities and Autism
- Virtual wards
- Maternity
- Recovery of elective care services
- Urgent care services

From April 2023 the ICS will also take on delegated commissioning responsibility for dental services, general ophthalmic services and pharmaceutical services

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Questions and discussion

Appendix

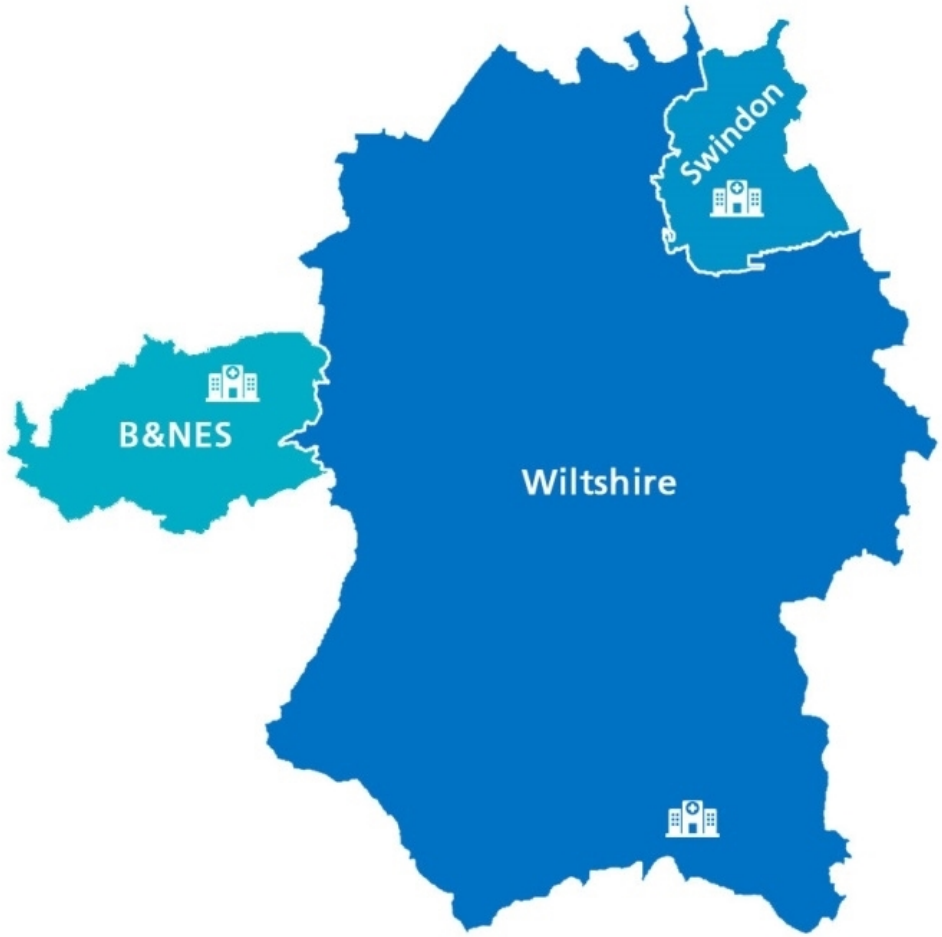
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

1. Who we are
2. Key population demographics and issues in BSW
3. Our vision and partner organisations
4. BSW Design Principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

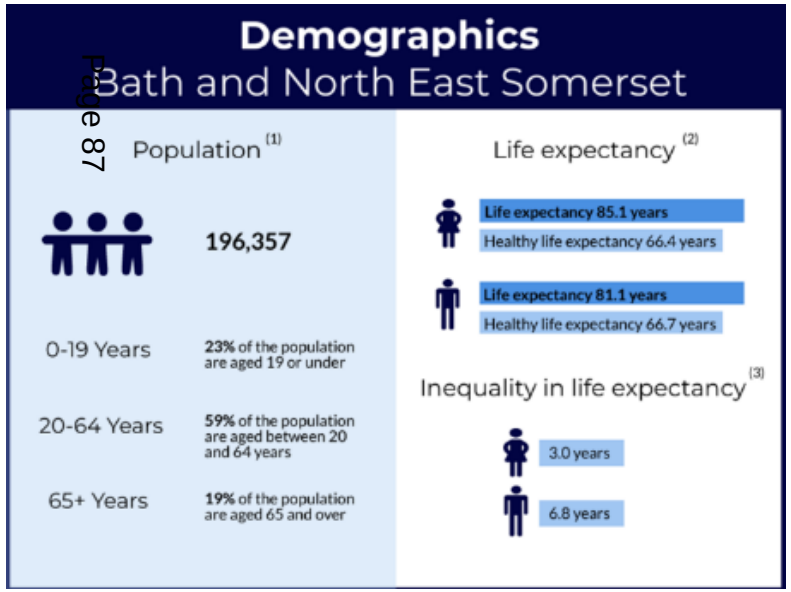
Who we are

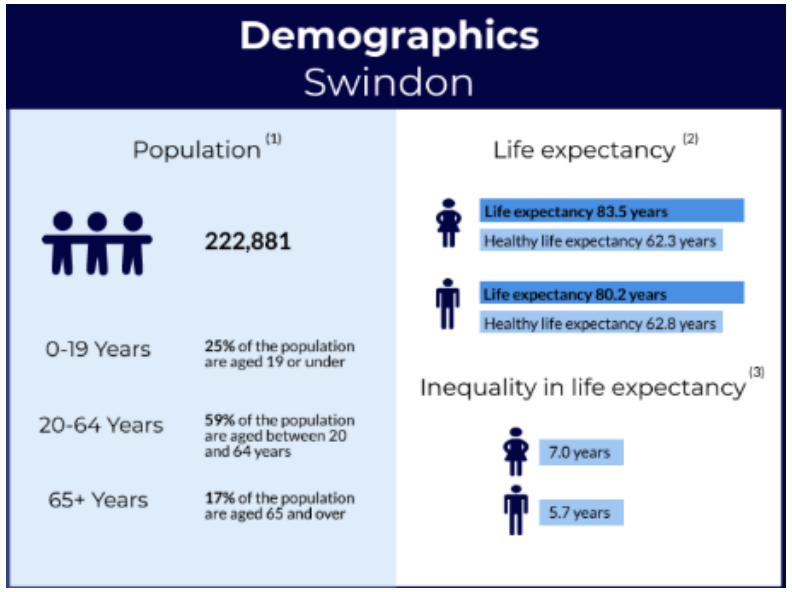
- We serve a combined population of 940,000
- We directly employ 37,600 colleagues and benefit from the contribution of many more carers and volunteers
- We are made up of 88 GP practices, 26 Primary Care Networks, two community providers, three acute hospital trusts, two mental health trusts, an ambulance trust, an Integrated Care Board (ICB), three Local Authorities, 2,800 Voluntary, Community and Social Enterprises

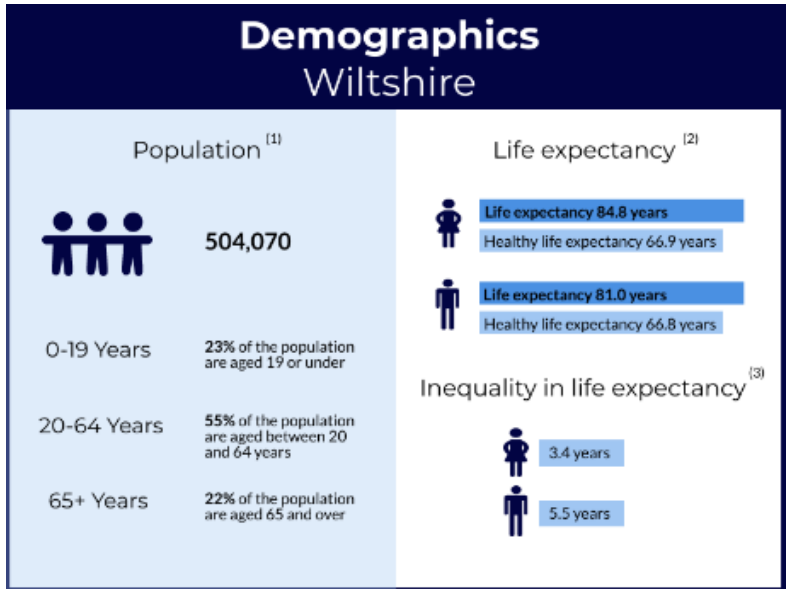


Key population demographics and issues in BSW

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board







Our vision and partner organisations

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Working together to empower people to lead their best life

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

NHS Great Western Hospitals NHS Foundation Trust

NHS Salisbury NHS Foundation Trust

NHS Royal United Hospitals Bath NHS Foundation Trust

NHS Avon and Wiltshire Mental Health Partnership NHS Trust

NHS South Western Ambulance Service NHS Foundation Trust

NHS Oxford Health NHS Foundation Trust

Swindon Borough Council

Wiltshire Council

Bath & North East Somerset Council

hcrg Care Group

Wiltshire Health and Care

medvivo integrating health and care

Wessex Local Medical Committees Incorporating Wessex LEaD

West of England Academic Health Science Network

healthwatch Wiltshire

healthwatch Swindon

healthwatch Bath and North East Somerset

Plus, a wide range of voluntary and community sector organisations that help provide invaluable support to our populations and our health and care services

Appendix 4: BSW design principles

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

1. We will improve the health of our population through prevention of illness, early intervention and promoting wellbeing and independence through all stages of life.
2. We take responsibility for addressing the wider determinants of health and will reduce health inequalities in our communities.
3. We work as one system without boundaries with parity of esteem between services.
4. We make the best use of our combined available resources to deliver the highest quality care.
5. We use shared evidence, listening, learning and co-designing care around the individuals we serve.
6. We treat and support people at home or as close to home as possible.
7. We nurture a flexible and ambitious workforce.
8. We innovate and maximise the use of digital technology to improve care and access to care while supporting those with limited access to technology.
9. We make decisions as close as possible to those people they affect.
10. We are a learning system in everything we do.

Adult Services Cabinet Member Report - October 2022

This scrutiny panel was delayed by the death of Queen Elizabeth II and I am regrettably not available for the re-convened meeting. I will answer any questions arising from this report after I return on October 24th.

The key areas of activity in adult services are, as follows:

1. Build Back Better

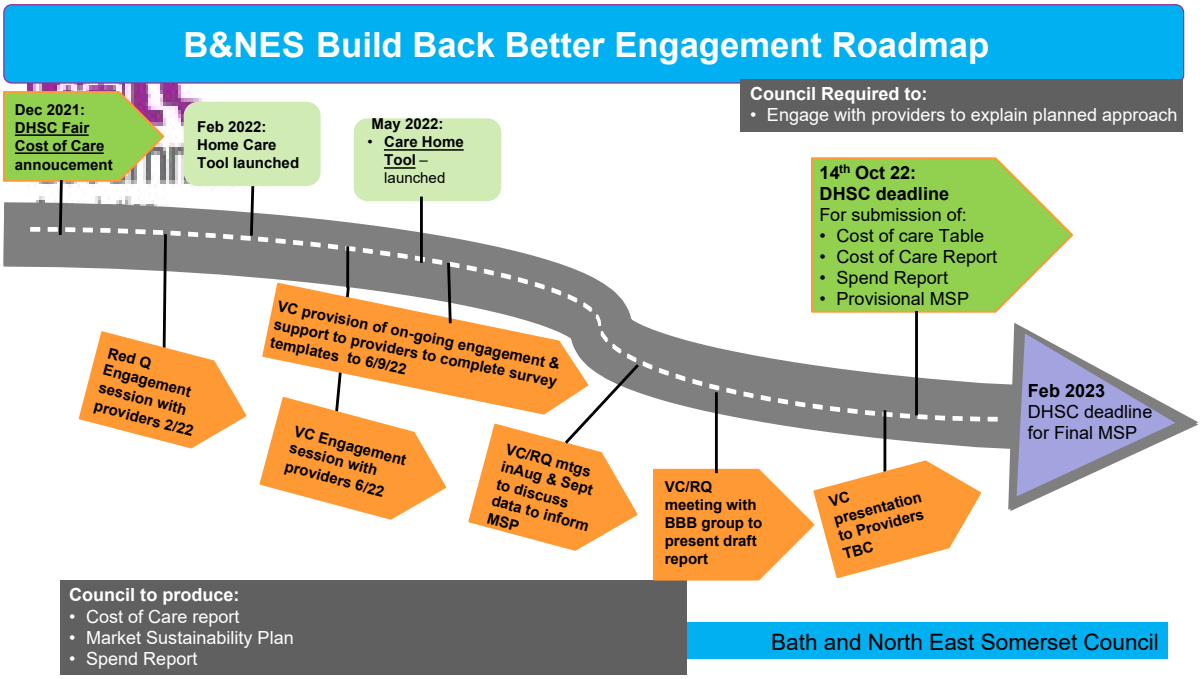
Build Back Better is the name of the government's adult social care reform programme. B&NES, along with all other English councils is currently engaged in mandated processes to prepare for implementation of the reforms in October '23.

The following activities are underway:

A) **A cost of care exercise** – produced by surveying local providers for 65+ residential and nursing care homes and 18 years+ homecare to determine a sustainable fee rate for different care settings. The exercises need to accurately reflect local costs such as staff pay and travel time and provide for an appropriate return on capital or return on operations. Local authorities are expected to publish the exercises

To assist with the process, the Council Commissioned Valuing Care to support the Cost of Care exercise. This information had to be submitted to the DHSC by the 14th of October 2022.

Officers in B&NES engaged effectively with local providers, resulting in a response rate on the fair price of care (FPoC) of 46% from home care providers and 57% from Care homes (significantly higher than in most areas). The engagement process is shown below:



The outcome of the cost of care exercise showed the median cost for home care to be close to our current FPoC rate but there was greater disparity in relation to residential services. These findings are important and will help identify the likely costs of the Build Back better strategy and it's impact on council budgets.

B) Production of a **provisional market sustainability plan** setting out the local strategy for the next 3 years (2022 to 2025) – using the cost of care exercise as a key input, this provisional plan will demonstrate the pace at which local authorities intend to move towards a sustainable fee rate, taking account of the impact of section 18(3) as well as other pressures they have identified.

Red Quadrant has been commissioned to support development of the Market Sustainability Plan which will be submitted in February '23.

2. CQC Inspection Process

Another strand of the adult social care reform programme is the re-introduction of an adult care inspection framework for Local Authorities. The previous inspection process was suspended in 2010 so this is an additional area of work for councils.

Details of the new inspection process are still being developed but it will be operated by the Care Quality Commission (CQC) which currently inspects health and care providers and inspections will commence in April '23. "Test and Learn" pilots are taking place in Manchester and Hampshire and we are keeping a close eye on these to help inform our preparation for this new regime.

3. Community Services Transformation Programme

Another significant area of work is the community services transformation programme which was prompted by the decisions taken by Cabinet and Clinical Commissioning Group (CCG) Governing Body to not extend the Community Services contract between B&NES Council, Integrated Care Board (ICB) and HCRG Care Group. The current contract will cease on 31st March 2024 and a new model of service delivery is required as of 1st April 2024.

The transformation programme has been developed jointly with health partners and includes three workstreams for the ICB and the Council to oversee, to deliver the safe transition of existing services to the new delivery model:

1. **Programme 1** will cover Adult Social Care (ASC) redesign to make a recommendation on the future ASC operating model. In addition, this programme will develop a model for the future commissioning of the community partners. The Senior responsible officer for this programme is the Director of Adult Social Care

2. **Programme 2** will cover the future of commissioning Public Health services and review service specifications/performance. The Senior responsible officer

for this programme is the Director of Public Health who will work closely with the Director of Children's Services to ensure service interdependencies are taken into consideration for adults and children

3. **Programme 3** will develop the model of Community Based Integrated Care Services for adults and children and will take into consideration the BSW Care Model. Programme 3

Additional programme and project management support has been secured to ensure that all three workstreams are delivered. The Assistant Director for Strategy, Transformation and Governance started in post as of 1st September 2022 and is working with the Director Adult Social Services, Assistant Director for Commissioning and Assistant Director Operations to deliver Programme One – ASC Redesign and commissioning through Community Partners**.** An experienced ASC project manager has been appointed to support this workstream.

Additional capacity is also being identified for programme management and the subject matter expertise required to deliver the three programmes. This is being met through a mixed model of procurement of professional services, investment in interim project roles, and back filling current roles to release capacity. A supplier engagement event took place at the end of September.

A report will be going to the November Cabinet on the new operating model for Adult Social Care and Adult Social Care commissioned services. We will keep this scrutiny panel updated on progress

4. **Service Visits**

I have continued my programme of visits to local services. Recent visits have included Carrswood Day Centre in Twerton where Mandy Bishop and I enjoyed meeting with staff and service users and were impressed by the services provided for adults with complex needs and learning disabilities.

Suzanne Westhead and I also met with some of the Approved Mental Health Practitioner (AMPH) team based at Hill View Lodge. We heard about the vital work they do, ensuring the correct application of the mental health act and were impressed by the dedication and professionalism of the team. However, we were also concerned to hear about the increasing pressures that mental health services are facing with rapidly escalating demand and significant staff shortages.

Alison Born – Cabinet lead for Adult Services

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