

BATH AND NORTH EAST SOMERSET

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

Tuesday, 17th January, 2023

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

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

Cabinet Member for Adult Services: Councillor Alison Born

Cabinet Member for Children and Young People, Communities: Councillor Dine Romero

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Mary Kearney-Knowles (Director of Children and Education), Samantha Jones (Inclusive Communities Manager), Inspector Ruth Gawler (Avon & Somerset Police), Laura Ambler (Place Director for Bath and North East Somerset, BSW ICB), Ann Smith (Assistant Director of Operations), Adam Robertson (B&NES SACRE Adviser) and Councillor Eleanor Jackson

65 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

66 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

67 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

There were none.

68 DECLARATIONS OF INTEREST

Councillor Gerry Curran declared an other interest with regard to agenda item 10 'Adult Social Care – 6 Month Update' as he is an employee of HCRG Care Group.

Councillor Paul May declared an other interest with regard to agenda item 10 'Adult Social Care – 6 Month Update' as he is a non-executive Sirona board member.

69 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

71 MINUTES: 8TH NOVEMBER 2022

The Chair referred to page 7(61) and asked if it could be confirmed that the funding mentioned was for training purposes.

The Director of Children's Services & Education confirmed that the funding would be used for training.

Kevin Burnett asked for the following sentence to be added to his comments at the bottom of page 6(60) *'However, Kevin Burnett added that there was a woeful lack of funding for Early Years and this money wouldn't help that problem.'*

The Panel were happy to approve this addition.

The Chair referred to page 7(61) and Councillor May's comment that he would welcome further information on what progress has been achieved by Youth Connect South West and that he had asked Councillor Romero to integrate that information into her next Cabinet Member Update to the Panel.

Councillor Romero replied that she would respond in due course to that request and that her Cabinet Member Update was due at the March meeting of the Panel.

The Chair referred to page 7(61) and Councillor Wright's comment that she had heard that should university students complete their courses and not initially gain employment on conclusion of that course then it may be cut from that university's curriculum. She asked the Cabinet Member to investigate this matter.

The Chair asked for Councillor Romero to provide an update.

The Chair referred to page 10(64) and Councillor Wright's question as to whether the work of the Southwest Collaborative Commissioning Hub would lead to further dentist appointments being available locally. He asked if any further information was yet available.

Laura Ambler, Place Director for Bath and North East Somerset, BSW ICB replied that there was none currently.

The Chair referred to page 10(64) and asked if the information relating to DentaId had been passed onto colleagues as requested.

Laura Ambler replied that the information had been passed on as requested.

The Chair referred to page 16(70) and Kevin Burnett's question about if the bid to form a tri-LA shared music service with North Somerset and South Gloucestershire had support from MATs and schools within B&NES.

Councillor Romero replied that she would follow up this matter and reply to the Panel in due course.

The Chair referred to page 20(74) and Kevin Burnett's question about if there was any update on when Avon & Somerset Police will fully put into place Operation Encompass.

The Director of Children's Services & Education replied that they are committed to its implementation, but that no date had been confirmed yet.

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

72 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

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

Expansion of elective care at Sulis Hospital Bath

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) and the Royal United Hospital Bath (RUH) are jointly developing a plan to provide additional capacity for elective surgery to reduce waiting times across Bath and North East Somerset Swindon and Wiltshire.

The expansion of elective surgery will be provided through the addition of three new operating theatres at the Sulis Hospital Bath in Peasedown St John. The new Sulis Elective Orthopaedic Centre (SEOC) could offer treatment for 4,000 NHS orthopaedic patients a year and address the high number of patients currently waiting for elective orthopaedic procedures.

£30m of national capital is available to help create this facility by 2025; the RUH and system colleagues are currently working up the business case to enable access to this funding.

The new facility would also help to free up capacity at the RUH's main site at Combe Park and help patients awaiting treatment from other surgical specialties, complex cancer cases and managing non-elective care. The SEOC would support around 2,000 patients within the local catchment, with the remaining capacity available to orthopaedic patients across the wider BSW patch and beyond.

Care coordination project

Over the last few weeks, health and care partners across BSW ICB have been working together as part of an ambitious programme to coordinate elements of care across the entire system, from pre-hospital and acute admission through to discharge and community response.

The Care Coordination project brings together BSW ICB, South Western Ambulance Service NHS Foundation Trust, local acute hospitals, providers, Medvivo, Avon and Wiltshire Mental Health Partnership, local authorities, primary care services and hospices.

Partners have been working together at a central location in Chippenham to provide patients with the right level of response. Often patients access emergency care via the ambulance service. The care coordination centre is looking to get patients to the right service for their needs.

The project is helping to ease pressures on the ambulance service as well as the wider health and care system.

Paediatric Urgent Service Hub

From 16th January, BaNES-based GP Federation BEMS will be mobilising the rollout of a Paediatric Urgent Service Hub for children aged five and under who are presenting with symptoms of fever, with the aim to reduce pressures on both primary and secondary care.

GPs are currently being recruited to work in this service. Clinics will run between 1pm and 5.30pm on weekdays from one location per day at a GP Surgery in Bath and North East Somerset.

Appointments will be same-day bookable, 15-minute slots, with full access to the patient record and direct access to support from the RUH Paediatric team.

Community Services Transformation

Laura informed the Panel that they are currently assessing different organisational options in terms of our future strategic requirements for Community Services. Richard Smale and I would be available to discuss the matter further if required.

Councillor Liz Hardman commented that the expansion of elective care at Sulis Hospital is particularly welcoming. She suggested that to engage with the wider stakeholder population, why not use the forums developed across BANES such as those in Keynsham, Bath and Midsomer Norton to find out residents' views.

Laura Ambler thanked Councillor Hardman for that suggestion and said that the Forums could be addressed in future discussions.

The Chair added that a forum was also present in the Chew Valley.

Councillor Paul May asked if the Sulis Hospital would still be providing treatment to private patients.

Laura Ambler replied that as far as she was aware it would continue to provide these services during and following the expansion. She added that a business case was being developed and would be ready by April 2023.

Councillor May asked if the ICB Strategy document that has to be submitted to the Government can be shared with the Panel.

Laura Ambler replied that it is the Integrated Care Partnership that has to prepare the Strategy and that information relating to it is in the process of being gathered.

Councillor May asked what the timeline for submission was.

Laura Ambler replied that a draft was scheduled to be ready in March with a final document to be submitted in June.

Councillor Michelle O'Doherty asked if the new processes / strategies in place at the RUH were helping with the discharge of patients and ambulance waiting times.

Laura Ambler replied that it remains a complex picture and that ambulance flow remains difficult. She added that they were working across all parts of the system to ease pressure where possible. She said that the current strategy was preventing things from getting worse and they were aware that there was more to do.

The Director of Adult Social Care added that there has been a noticeable improvement over the last three weeks with the Care Coordination Centre working with people to ease hospital admittance.

Kevin Burnett asked if the funding mentioned for initiatives in the update was new from the Government and was it intended to compliment the HIP (Health infrastructure Plan) programme.

Laura Ambler replied that some of the funding was new, for example, the Adult Social Care Discharge Fund has a national figure of £500m. She added that recently there had also been an additional Hospital Discharge Fund and that guidance on that was still being received. She said that an allocation for the BSW region was not yet known, but an overall figure of £200m was available in total. She felt that a figure of around £3m - £4m could hopefully be received locally.

She said that this was very welcome and was helping with some of the elements of winter pressures. She added though that there was still further work to do on preventative measures and highlighted the good work of such initiatives as Virtual Wards and Hospital at Home as well as the intention to advance provision within the community as part of the transformation process.

Councillor Ruth Malloy asked if some further information could be given regarding the Virtual Wards.

Laura Ambler replied that the RUH already has a scheme known as Hospital at Home as this is used for patients that are within an acute setting, in hospital, and through their agreement and that of their clinician they can return home and be monitored and receive care provision at home. She added that this is typically a scheme for older people currently.

She said that there was also potential to advance the scheme so that in some cases hospital admittance can be prevented by referrals to the scheme from GPs or via the Care Coordination Centre.

Councillor Ruth Malloy asked if a person living alone would be eligible for the scheme.

Laura Ambler replied that it was possible for someone living alone to be part of the scheme, but it would need to be suitable for them and agreed by their Clinical Lead.

The Chair asked if the use of email could be encouraged to notify people of their hospital appointments, as opposed to post, following an initial consultation with their GP. He said he thought this would help a number of people, especially in rural areas such as the ward he represents. He explained that due to the recent postal strike some letters had been arriving after the appointment had been due to take place.

Laura Ambler replied she would relay that message to colleagues.

The Chair thanked her for her attendance on behalf of the Panel.

73 JOINT COMMUNITY SAFETY PLAN 2022 - 2025

The Inclusive Communities Manager introduced the report to the Panel and highlighted the following areas.

The Joint Community Safety Plan sets out how all partners will work together to protect vulnerable people, prevent crime and build strong, resilient communities.

It focuses on collective priorities with a shared vision, and actions. The Joint Community Safety Plan serves as both the Community Safety Plan and the local Police & Crime Plan for Bath & North East Somerset.

It sets out the PCC and Council's community safety objectives and planned activities for the next three years, identifying the key issues upon which we will focus to tackle crime, disorder and anti-social behaviour in Bath & North East Somerset. The plan utilises the data we hold on crime in Bath and North East Somerset and reflects priorities and concerns raised by local people.

She stated that a decision to approve the Plan was required by Council at their meeting in March.

She offered to provide the Panel with a specific Community Safety Update at a future meeting.

Councillor Liz Hardman commented that she knows teams are working hard to keep us safe, but said there has been a rise in violent offences over the past year. She asked would it be possible to compare this year's offences with last year's so that we are able to make a comparison as to how successful strategies have been in some areas.

Inspector Ruth Gawler, Avon & Somerset Police replied that although violent crime incidents had gone up in the past 12 months, these numbers were now similar to pre-Pandemic times. She added that they were working on issues relating to the night time economy and violence against women and girls.

Councillor Hardman referred to the Voice Box service and said that the Panel have been supplied four charts with answers to questions asked. She said that they have been given percentages but asked if they could have information about the actual numbers involved. She also asked if only the four questions with related answers were put forward.

The Inclusive Communities Manager acknowledged that the relevant figures need to be inputted into the charts before submitting the report to Council and that they could include their Action Plans as an appendix to the report. She added only four community safety questions were contained within the Voice Box survey. She informed the Panel that the survey was circulated to 3,000 people and an average of 1,083 people responded to those four questions.

The Chair asked how the circulation of the survey was decided.

The Inclusive Communities Manager replied that it was sent randomly and that there was no obligation to reply.

Councillor Hardman said that it is worrying to see that 39% of adults felt not very safe or not safe at all at night in BANES and similarly for children, 37% of children felt not very safe or not safe at all outside the home at night. She asked if there were strategies in place to deal with this.

Inspector Ruth Gawler replied that they were working with pub and club door staff, Youth Connect, Project 28, the City Marshalls, British Transport Police and Bath Rugby on these matters to make B&NES a safer place.

Councillor Hardman asked how confident they were in recognising the signs of child exploitation.

Inspector Ruth Gawler replied that there is a Joint Violence Reduction Team that works alongside the Council which has Operation Topaz in place to specifically look at this area of work. She added that in the past 3 months they have taken out four County Lines and are supporting the children that were involved in these incidents.

She added that she would be willing to provide further information to future Panel meetings. She informed the Panel that where possible the Police were looking to enhance their on street presence,

Councillor Hardman commented that the key performance indicators on page 43 were just headings. She asked if it would be possible to have more detail on these figures with targets or measurable outcomes in the next 6 monthly report.

The Inclusive Communities Manager replied that she was willing to come back to the Panel at a future meeting with the Community Safety Action Plans to provide this further data.

Councillor Paul May commented that he would have liked to have seen more information within the report relating to the training and development of Council staff in this work area. He added that the Council also works well with the voluntary sector, including organisations such as DHI (Developing Health & Independence) who do a lot of preventative work.

He said that he would welcome an update on the changes to safeguarding rules in any future reports to the Panel.

Inspector Ruth Gawler replied that when operations are carried out they do involve groups such as DHI alongside the Council in terms of safeguarding as the safety of children is paramount.

Councillor Andy Wait said that he welcomed the closer links being made between the Council and the Police. He referred to page 31 where it states that 'The number of people identified as vulnerable in Avon & Somerset is significant and placing increasing demand upon public sector services'. He said that some actual figures would be relevant here to understand how much of an issue this actually is.

He added that he was surprised to find that there was no mention within the report relating to clear up rates and said that this information would also be a welcome addition.

Councillor Joanna Wright said that she felt that the Voice Box information should contain information relating to respondents age, location and nationality to make it more meaningful.

She suggested whether some street lights in certain areas of B&NES could be made brighter at particular times of night to make people feel safer. She said that she felt residents would also welcome more visibility of on street police.

Councillor Eleanor Jackson questioned whether the report should reflect the distinction between rural and urban areas and the types of crime that were committed.

She added that she was worried about the future of the police station in Westfield.

Inspector Ruth Gawler replied that she was not aware of any plans to close the station.

Councillor Gerry Curran commented that he did not think that the level of detail mentioned by Councillor Wright with regard to the Voice Box survey was relevant. He added that he felt that the team that work on street lighting would be willing to discuss any issues directly if raised by Councillors.

He said that his ward of Combe Down has a current problem with regard to graffiti and asked if any comment could be given on how that is responded to.

The Inclusive Communities Manager replied that the Council's Graffiti Removal Team become involved mainly if it is offensive or inciteful to hate.

Inspector Ruth Gawler added that any incidents of reported graffiti will be investigated.

Kevin Burnett asked for clarification if the dashboard for Key Performance Indicators referred to in a previous report of the Community Safety Partnership were the same as the ones now listed in this report.

The Inclusive Communities Manager replied that they were.

Councillor May asked if changes to the report would now be made prior to its submission to Council.

The Inclusive Communities Manager replied that the report would now be amended following the comments from the Panel before it is submitted to the Council for their meeting in March.

The Chair thanked the Inclusive Communities Manager and Inspector Ruth Gawler for their attendance and looked forward to receiving an update on their work in six months' time.

The Panel having identified areas of feedback during their debate **RESOLVED** to note the next steps for the Joint Community Safety Plan.

74 ADULT SOCIAL CARE - 6 MONTH UPDATE

The Director of Adult Social Care introduced the report to the Panel.

She began by explaining some of recent funding decisions that had been announced. She said that in December £50m had been allocated nationally to allow for international recruitment to take place and that B&NES was still awaiting its precise allocation.

She stated that a Discharge Grant of £0.6m had also been announced in December specifically for B&NES and that the ICB had also received the same grant for £1m to help with local services.

She added that on 16th January it had been announced that £200m had been allocated nationally for work to help with hospital discharges and that this would be allocated through the ICB.

She stated that Discharge Grant had already been used for work in the Care Coordination Centre, to buy further domiciliary care and to buy more beds in the community and that this had already helped to improve the flow of patients both in and out of the RUH.

She informed the Panel that she had last week met with ministers for Social Care and Local Government to discuss the challenges and good work going on within B&NES. She added that there is an interest nationally around hospital demand and what social care can do to support that demand. She said that she anticipated that further meetings of this nature will take place in the future.

She stated that the current forecast financial position for Adult Social Care was to break even as the underlying variances will be covered by a transfer from the Adult Social Care Reserve fund.

She addressed the Panel regarding the Community Resource Centres (CRCs). She explained that the Council runs 9 in house services consisting of 3 Care Homes (1 with nursing), 5 Extra Care schemes and a home care agency (United Care BANES – UCB). She said that due to the national shortage of staff in the care sector, these services remain reliant on a high use of agency staff.

The 5 Extra Care services have been inspected and all have a rating of good from the CQC.

She said that the provision of care within the 3 Care Homes was the thing that concerns her most within her role. She stated that it was the team within the Council that identified the safeguarding concerns at Charlton House to the CQC in October following initial concerns having arisen over the summer and having brought in additional clinical leadership and managerial staff to attempt to improve the quality of care.

She said that over the past couple of months that Council staff have been working continuously with the team at Charlton House to make improvements. She informed the Panel that they have recently secured a Senior Nurse from the RUH to work there and that a new registered manager was also now in place. She added that action plans were now in place and that wrap around support was in place from the Corporate Management team, Human Resources and Health & Safety.

She said that the CQC visited Charlton House last week and were pleased with the improvements that have been made and that we would be required to report to them regularly on the progress of the action plans.

She stated that a multi-agency large scale enquiry was ongoing to investigate how the issues at Charlton House occurred and to monitor the improvements.

She said that she was personally so sad with what has happened and has spoken with the residents and their families to address their concerns.

She explained that there are 14 residents in Charlton House and that those numbers would not be increased while these initial improvements are taking place.

She stated that it was not the role of Councillor Born to personally oversee the provision of care at these homes. She said that she was accountable in her role and that alongside lead members of staff she intended to make the necessary improvements required.

Councillor Alison Born, Cabinet Member for Adult Services made a statement to the Panel, a summary is set out below.

B&NES decided to take the services back in house after the previous provider gave notice on the contract in 2019. Charlton House is the only nursing home within the three care homes.

The contract for these services had been underfunded and the previous provider realised that it could not make the investment needed to provide high quality services; staff had been undertaking industrial action prior to the transfer back to B&NES in October 2020.

The decision to take the services back in house was made in the knowledge that they would require investment, but it was not foreseen that they would transfer back in the midst of the Covid pandemic. It was clear from the outset that the services were struggling and needed investment but the circumstances of the transfer ie the pandemic, made it more difficult to undertake all of the remedial work required as quickly as we had planned. The immediate focus was on staying open and keeping residents safe by minimising the risk of covid transmission.

The recent CQC inspection at Charlton House was prompted by a number of safeguarding alerts made by staff within the service, who recognised that there were some problems with care and who rightly raised the alerts. We knew that improvements were needed but the report makes very sobering reading and we agree with the CQC that some aspects of the care that residents received was unacceptable.

We are extremely sorry that we have let people down and have not provided the consistently high quality of care that residents and their families expect and deserve. We make no excuses for this and are working hard to improve the service provided but we recognise that this will not happen overnight due to the context that we are operating in.

While we have taken measures to improve recruitment such as our local "Proud to Care" campaign, innovative work with the RUH to bring more staff into the area to provide home based care, by increasing pay and benefits packages and through the creation of a specialist social care recruitment post within the council, we remain more reliant on the use of agency staff than we would choose and are not always able to cover all shifts fully.

The timeline included in your papers demonstrates the efforts that have been made to recruit over the past two years and the difficulties experienced. It also shows that as part of the local partnership response to the pandemic, we agreed to re-purpose some of the nursing beds at Charlton House as Discharge to Assess (DtoA) beds.

However, the DtoA beds placed additional pressure on the service at Charlton House as it was managing more turnover and more complexity of needs. With hindsight, this was not a good move because the service lacked resilience but it was made in good faith to try to support our partners in the local health and social care system at a time of crisis.

Our response to the CQC report has included the temporary closure of one of the floors at Charlton House (which included the DtoA beds) and to close it to admissions. This has enabled us to reduce our reliance on agency staff and we are

focusing on stabilising and developing the permanent staff team, strengthening our systems and delivering the best possible care to residents.

We are very grateful to the staff who have remained in the service and those who are joining it who are delivering the improvements in the action plan.

Councillor Liz Hardman said that it is hard to understand why Charlton House has deteriorated quite quickly in its care of residents. She asked could it be because it was turned from a residential home to a nursing home, without proper staffing in place - Is this correct?

The Director of Adult Social Care replied that the home was a nursing home at the point of transfer to the Council.

Councillor Hardman commented that she felt that one of the tipping points seemed to be from March 2021 to September 2021 when Health and Social Care systems requested additional support to manage hospital pressure. She added that the local community ward in Charlton House closes as Discharge to Assess happens and because of this the service user needs became more complex but under the wider system they were unable to respond to service user needs. She asked why was this not picked up the inability to deal with the D2A.

The Director of Adult Social Care replied that the system recognised that therapy and social work input was needed to manage a robust D2A service, however ongoing workforce challenges for these roles and the lack of long-term beds in the market to move people to made the delivery of this aspect of the service difficult.

Councillor Hardman said that another tipping point appeared to be from September 2021 to December 2021 when there were significant changes of senior management and an inability to recruit a new registered manager and residential nurses. She added that this resulted in a head of service leaving post and lead nurse/nursing posts being filled by agency staff.

She asked why was this not picked up as it led to workforce shortages and consequent problems.

The Director of Adult Social Care replied that additional HR and recruitment resources have been made available by the Council to address these issues which have occurred over many years. She added that despite this, the Council along with many other providers and other local authorities are experiencing significant difficulties in recruiting and retaining a skilled and experienced workforce. She said that Skills for Care figures show that there are over 5,000 care staff vacancies in England alone.

Councillor Hardman referred to the inspection from the CQC in July 2022 that gave a rating of requires improvement. She said that there appears to be no oversight of an improvement plan by BANES and then in October 2022 the deputy manager raised significant safeguarding concerns.

The Director of Adult Social Care replied that there was a CQC action plan to address the RI rating, however the speed of improvement was not sufficient to

address the issues raised in the timescale required. She said that it became apparent that a review of the leadership roles was required in order for the quality of care and the improvements needed to be delivered. She stated that a new registered manager is now in post they have met with CQC and are leading delivery of the improvements needed. She added that oversight is provided by the Head of Service with assurance provided by the Improvement Board.

Councillor Hardman said that when CQC investigated at Charlton House later in 2022 it was found to be inadequate. She asks why this was allowed to happen so quickly between June and October 2022. She said she believes the action plan is robust, but asked why did Charlton House have to get to it being deemed inadequate before a robust action plan was put in place and who bears overall responsibility for this.

The Director of Adult Social Care replied that the Council has a dedicated team working to the DASS (Director of Adult Social Services) for the delivery of Adult Social Care, with a new Assistant Director of Operations who came into post in July. She said that many of the concerns had been identified and actions were put in place, however as stated previously the pace of change was not rapid enough from the RI action plan to the point of the October inspection.

Councillor Hardman commented that in the report it says that Combe Lea requires improvement. She asked if this is at the same stage as Charlton House was in July 2022. She added that an action plan has been set up, but can we be assured that this is robust enough to address the issues raised by the CQC.

The Director of Adult Social Care replied that Coombe Lea is rated good in 2 areas (Caring and Responsive) and RI in 3 areas, this is not at the same stage as Charlton House and the areas that require improvement are being addressed across all of our services. She added that Combe Lea has a dedicated action plan which is overseen by the Improvement Board.

Councillor Hardman asked were senior managers aware of the seriousness of the situation at Charlton House prior to the summer of 2022.

The Director of Adult Social Care replied that she had visited the site regularly because of the concerns that had been raised and that the Assistant Director – Operations had visited the site. She said that she did not feel there was one particular moment and that it had been a build up from seeing the audits and the record keeping whilst also receiving feedback. She added that she felt that it finally came to a head when the Deputy Manager conveyed his concerns.

She added that when the Requires Improvement report was received from CQC that's when the extent was realised and the improvement plan was drawn up and put in place.

Councillor Alison Born commented that she had received regular updates from the Director of Adult Social Care that there were potential issues to be concerned about but not the extent of the problems prior to receiving the audit reports.

Councillor Michelle O'Doherty commented that one of the solutions to ease pressure at Charlton House was to remove the Discharge to Assess beds that had been put in place. She asked if there were enough staff in place to enable the Discharge to Assess model to work locally.

The Director of Adult Social Care replied that 23 beds were opened in Ward 4 (St Martin's) by HCRG for step down. She added that what they were looking to develop for B&NES was a more community based service with domiciliary care rather than a bed based service. She said that they were already drawing up plans to prepare for next Winter.

Councillor Michelle O'Doherty asked if the Panel could be updated on the view that the CQC currently have of Charlton House following the action plans that have been put in place.

The Assistant Director of Operations replied that the CQC had visited Charlton House last week and had agreed that good progress had been made. She said that it was likely that unless notified they would return for a further inspection within the next 4 – 6 months.

Councillor Joanna Wright asked what would be done differently now, in comparison, if concerns were raised at another home.

The Director of Adult Social Care replied that she would make sure that a robust clinical leadership team and senior management were in place and seek to maintain permanent staffing levels as much as possible.

Councillor Paul May commented that he could see the impact that this has had on officers and acknowledged the work that had been done regarding the action plans. He questioned whether the managers of the previous contract were subsidising the sites.

He added that he welcomed the openness of the report and the discussion that had been held today and that it shows how difficult the role is for the staff involved.

He asked how many Local Authorities actually directly run their own care homes.

The Director of Adult Social Care replied that it was very few and that B&NES, for its size, has quite a number. She added that to have a varied market was important as it drives up quality and competition and that over the coming years over models may need to be looked at.

Councillor Hardman referred to the Adult Social Care Outcomes Framework (Appendix 3) within the report and the fact that the measurements for benchmarking performance show BANES is in the worst quartile for five of these measurements out of 14 LAs. She said that particularly worrying was the low percentage for overall satisfaction of people who use services with their care and support and overall satisfaction of carers with social services.

The Director of Adult Social Care replied that we are working with our prime delivery partner HCRG to understand these measures and to focus on the improvements needed to increase our resident's satisfaction. She added that one element of this will be the new Carer's strategy and new practice model of ensuring that services are meeting the outcomes determined by people who use services.

Councillor Hardman commented that given that the numbers of our ageing population have now risen with an increase in more complex needs, we are still experiencing major staffing issues, coupled with the collapse of the NHS. She asked what submissions have been made to the budget process with these results in mind to ensure adequate funding for these services.

The Director of Adult Social Care replied that they had secured growth of £5.213m in 2023/24 and that £1.904m of this growth was being funded from direct government grants (Market Sustainability and Improvement fund and ASC Discharge fund). She added that there was a need to secure full time staff within the CRCs and reduce the number of agency staff to enable effective use of the budget.

Councillor Wright asked what the Panel can do to support the work that has been highlighted, particularly with regard to domiciliary care.

The Director of Adult Social Care replied that focussing on some of the Public Health work regarding the inequalities that older people can face would be good. She added that this includes the use of Primary Care Networks, their work in the community and domiciliary care.

The Chair asked if following the CQC inspection in July 2022 did they give 28 days to undertake any remedial action before returning to Charlton House.

The Assistant Director of Operations replied that the 28 days to respond only comes into effect when a warning notice has been issued. She said that more recently the Council had until 6th January 2023 to respond to its breaches allegations and then the CQC returned on 9th January 2023.

The Director of Adult Social Care added that following the inspection in July 2022 the Council formally notified CQC of their own safeguarding concerns and that is when they returned in October 2022.

The Chair asked if the initial response to the inspection was deemed not good enough.

The Director of Adult Social Care replied that the focus at first was on clinical practices and that it was at a later point that the safeguarding issues were then identified. She said that they were in essence two separate processes.

The Chair asked if the CQC were happy with the improvements that had been / were being made following the second visit.

The Director of Adult Social Care said that they visited prior to Christmas 2022 and then again on 6th January 2023 and were happy with the progress so far, but have said that they could return within 4 – 6 months to carry out a full inspection. She added that the action plan was now in place and that they were seeing its delivery.

The Assistant Director of Operations added that to demonstrate continuous improvement they have to supply an action plan every two weeks to the CQC. She added that as long improvements remain ongoing they would likely return to being under the normal inspection process.

The Chair suggested that the Cabinet Member for Adult Services should arrange for a press release to be made that details the steps that have occurred regarding the inspections so that the public are fully aware of the situation and that the issues raised have been addressed.

Councillor Gerry Curran asked whether the occupancy rate at Charlton House could yet be increased following the recent CQC visits.

The Director of Adult Social Care replied that the decision to reduce the number of beds in use was taken by the Council and that the CQC were not involved. She added that there were no current plans to increase the occupancy levels and that when do make that decision there will be a specific criteria to be met to allow that to happen – a resilient workforce and well trained staff.

The Chair commented that the pay for staff working in care homes and similar places needs to be much more adequate.

The Panel **RESOLVED** to note the update and thanked all the officers concerned and Councillor Born for their attendance and input into the discussion.

75 B&NES SACRE ANNUAL REPORT 2021/22

Adam Robertson, SACRE Adviser introduced the report to the Panel. He said that he would like to commend the work that has been done across the area and was pleased to inform the Panel that a locally agreed syllabus was in place until 2026. He stated that he believed that it was a very worthwhile subject and that it was compulsory to be taught until the end of KS4.

Councillor Eleanor Jackson addressed the Panel. She said that it was great to have Adam as part of the SACRE team. She explained that the syllabus is tailored to the local community as much as possible. She added that she believed that it was important for moral values to be upheld.

She stated that additional financial resources were required to help improve teaching standards and pupil's grades. She added that in the future SACRE would be keen to further develop exemplars for students, such as a possible module on African religious traditions into the syllabus.

Councillor Liz Hardman asked if schools do not comply with having the agreed syllabus in place and if collective worship is not happening, is there anything SACRE can do to enforce these requirements.

Adam Robertson replied that Academies have the freedom to choose the agreed syllabus that they follow, however SACRE has a wider responsibility to look at Religious Education across all schools. He said that should SACRE feel that the curriculum being followed by a school was not deep enough or broad enough they would seek to discuss that directly with the school. He added that if necessary they could refer the school to the DfE.

Councillor Hardman commented that as our demography is changing, especially with refugee families, how are SACRE connecting with population needs for RE provision and what plans are in place for the coming five years.

Adam Robertson replied that SACRE acknowledges that the local demography is changing and said that the syllabus can be tailored as needed within schools. He added that the aim was to give all pupils an understanding of the different religions and traditions within our society. He said that training modules can be added as appropriate.

Councillor Hardman asked how the reduced budget will affect the work that SACRE will be able to do over the coming year.

Adam Robertson replied that the budget allocated leaves very little in terms of discretionary funds to work with schools once the running of the SACRE meetings has been taken into account. He said that they would like to provide more training for teachers, especially Primary, in this subject area.

Councillor Jackson added that additional funding would allow for further training in certain areas, such as the Holocaust. She said that when previous events had been held speakers would simply ask if their train fare could be paid and therefore an addition to the budget could allow for that to happen.

Councillor Rob Appleyard suggested that discussions be held directly with Academies or their Trusts in terms of providing funding.

Councillor Jackson asked if the Panel would be willing to endorse the approval of additional funding to SACRE.

The Chair asked the Panel if they agreed with this proposal and should seek an additional £5,000 for SACRE through the Council's budget setting process.

The Panel agreed with the proposal.

Kevin Burnett commented that he believed that it was the Council that should lead on these discussions and show support to their schools for the work that SACRE can provide.

The Director of Children's Services & Education said that she would discuss the matter with colleagues as part of the budget process and whether the funding could come directly from the Council or through engagement with the Schools Standards Board.

The Panel thanked her for this response and **RESOLVED** to note the B&NES SACRE Annual Report 2021/22.

76 PANEL WORKPLAN

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

The meeting ended at 12.43 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Tuesday, 17th January 2023

Expansion of elective care at Sulis Hospital Bath

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) and the Royal United Hospital Bath (RUH) are jointly developing a plan to provide additional capacity for elective surgery to reduce waiting times across Bath and North East Somerset Swindon and Wiltshire.

The expansion of elective surgery will be provided through the addition of three new operating theatres at the Sulis Hospital Bath in Peasedown St John.

The new Sulis Elective Orthopaedic Centre (SEOC) could offer treatment for 4000 NHS orthopaedic patients a year and address the high number of patients currently waiting for elective orthopaedic procedures which, as of June 2022, totals over 12,000 people.

Sulis Hospital also includes a Community Diagnostic Centre for BSW and the development of the SEOC will further consolidate Sulis Hospital's development as a system-wide support hub.

£30m of national capital is available to help create this facility by 2025; the RUH and system colleagues are currently working up the business case to enable access to this funding.

The new facility would also help to free up capacity at the RUH's main site at Combe Park and help patients awaiting treatment from other surgical specialties, complex cancer cases and managing non-elective care. The SEOC would support around 2000 patients within the local catchment with the remaining capacity available to orthopaedic patients across the wider BSW patch and beyond.

Whilst engagement has been taking place with clinicians, operational staff and senior leaders across the system for the development of the business case, it is now important to ensure wider stakeholders are aware, engaged and supportive of the scheme and to ensure any concerns are addressed.

More information is available in Appendix 1.

Care coordination project

Over the last few weeks, health and care partners across BSW ICB have been working together as part of an ambitious programme to coordinate elements of care across the entire system, from pre-hospital and acute admission through to

discharge and community response.

The Care Coordination project brings together BSW ICB, South Western Ambulance Service NHS Foundation Trust, local acute hospitals, providers, Medvivo, Avon and Wiltshire Mental Health Partnership, local authorities, primary care services and hospices.

Partners have been working together at a central location in Chippenham to provide patients with the right level of response. Often patients access emergency care via the ambulance service. The care coordination centre is looking to get patients to the right service for their needs.

The approach has seen ambulance crews contact the coordination centre for advice and support, prior to taking any patient over 18 and who is not time critical to an emergency department.

Working together mean clinicians have been able to support improved navigation and use of alternative in-hospital pathways, such as Same Day Emergency Care (SDEC), which ensures patients are seen in the setting most suited to their needs.

The project is helping to ease pressures on the ambulance service as well as the wider health and care system.

Early results from the project are very encouraging, and a full evaluation is under way.

Paediatric Urgent Service Hub

From 16 January, BaNES-based GP Federation BEMS will be mobilising the rollout of a Paediatric Urgent Service Hub for children aged five and under who are presenting with symptoms of fever, with the aim to reduce pressures on both primary and secondary care.

GPs are currently being recruited to work in this service.

Clinics will run between 1pm and 5.30pm on weekdays from one location per day at a GP Surgery in Bath and North East Somerset.

Appointments will be same-day bookable, 15-minute slots, with full access to the patient record and direct access to support from the RUH Paediatric team.

Pressures on services in BaNES, Swindon and Wiltshire

During the past few weeks and especially over the Christmas period and first week of January, health and care services in BaNES, Swindon and Wiltshire have been under unprecedented pressure.

This has led to increasing waits for access to services, delays in discharging patients, increased levels of operational risk, a potential deterioration in the patient experience and an impact on the morale of the workforce.

Health and care partners from across the BSW ICB prepared well for this period and have continued to demonstrate strong collaborative working. Winter plans have enhanced the preparedness of the system as well as supporting service change to find new solutions.

A number of initiatives are underway across BSW to help support pressures including increasing capacity through the provision of extra beds at St Martins Hospital in Bath and South Newton Hospital in Salisbury, the provision of a virtual ward initiative providing a safe and efficient alternative to going into hospital for people who are unwell and the Care Coordination project (see below).

Members of the public have been asked to support services by only visiting Accident and Emergency departments or calling 999 in the case of a life-threatening emergency, being available to support relatives being discharged from hospitals, and practicing good self-care such as collecting prescriptions in advance and using services such as [111 online](#) and local pharmacies.

Vaccination update – Covid and Flu

Our winter vaccination programme for Covid and Flu has continued over the past few weeks and has been supported by ongoing communications activity to encourage those who have not yet come forwards for either Covid or Flu vaccinations to do so as soon as possible.

As of January 4, 2,673,057 covid vaccinations have been delivered across BaNES, Swindon and Wiltshire. In BaNES 78 per cent of people have now received their first dose and 76 per cent have received their second dose.

While our Covid vaccination programme continues, the vaccination centre based at Bath Racecourse closed in December as local demand for vaccination begins to reduce, and staff based in the centres move to other areas of the local health and care system.

Access to Covid-19 vaccines continues to be available across the region, with teams setting up base in a wide range of community venues and ready to return to full capacity, should further vaccinations be required.

Walk in clinics across BaNES for Covid vaccinations are taking place in a number of venues across the area through January including Bath City football club and Bath Citadel Salvation Army.

Those not yet vaccinated against Covid-19, as well as any person due a booster jab, can still find their nearest vaccination venue by visiting www.nhs.uk or by calling 119.

Some sites continue to accept people who have not pre-booked an appointment, with details of venues offering a walk-in service available to find via the NHS Grab a Jab portal.

Flu vaccines are free for many people, including the over-50s, and can be arranged through GP practices and community pharmacies.

Industrial action

BSW Integrated Care Board continues to work hard to keep local people safe during planned strikes, while delivering the best care possible.

UNISON and GMB members from South Western Ambulance Services NHS Foundation Trust took part in industrial action on Wednesday 11 January.

Royal College of Nursing members are also planning further strike action on Wednesday 18th and Thursday 19th January. In BSW these strikes will affect Avon and Wiltshire Mental Health Partnership NHS Trust and Salisbury NHS Foundation Trust.

In BSW, system partners are working together to ensure operational oversight, sharing of intelligence. BSW-wide co-ordination has been established both through a Strategic Co-ordination Group and Tactical Co-ordination Group.

No-one should put off seeking urgent or emergency care during the strikes and people with serious, life-threatening conditions will continue to be seen at our Emergency Departments.

On days when there is strike action, people should only call 999 if it is a medical or mental health emergency. Ambulances will still respond in these situations, but this may only be where there is an immediate risk to life.

Appendix 1: Expansion of elective care at Sulis Hospital Bath

- A key part of the national Elective Recovery Programme for tackling the backlog of elective care is the Get it Right First Time High Volume Low Complexity (GIRFT HVLC) programme. This supports the development of elective surgical hubs which operate at maximum efficiency and high-quality standards, with planned care capacity ring-fenced from disruption.
- Across the South West and exacerbated by the COVID pandemic, the number of patients waiting for elective orthopaedic procedures has been increasing year on year. As of June 2022, there were over 12,000 people in BSW awaiting orthopaedic procedures. Whilst the use of acute sites as the only elective capacity means access to treatment is vulnerable to seasonal pressures and operational demands, an elective hub would create ring-fenced capacity and the conditions for significant productivity and clinical improvements.
- The BSW ICS Five Year Plan seeks to create consistently good patient pathways for elective care across the area which maximise opportunities for preventative and community-based care. In line with this plan and the BSW elective strategy, ring-fenced elective capacity will support the development of standardised pathways of care to achieve a reduction in variation, greater efficiency and an improved patient experience.
- The Sulis Hospital Bath, purchased by the RUH in 2021 for the benefit of the wider system, is an ideal location to develop elective capacity as it is a 'cold site' ring-fenced from winter pressures, the existing hospital is high-quality and the site has space and facilities to support expansion. By adding an additional 3 theatres to the facility it could offer treatment for 4000 NHS orthopaedic patients a year as a specialist Sulis Elective Orthopaedic Centre (SEOC). Sulis Hospital also includes a Community Diagnostic Centre for BSW and the development of the SEOC will further consolidate Sulis Hospital's development as a system-wide support hub.
- £30m of national capital is available to help create this facility by 2025; the RUH and system colleagues are currently working up the business case to enable access to this funding. An Outline Business Case is expected to be formally considered by the National Team in April 2023.
- Due to the proximity of Sulis Hospital to Combe Park, the majority of RUH elective orthopaedics surgery that does not require specialist acute hospital support could potentially be provided at the SEOC, and this would free up capacity at Combe Park to use for patients awaiting treatment from other surgical specialties, complex cancer cases and managing non-elective care. The SEOC would support around 2000 patients within the local catchment with the remaining capacity available to orthopaedic patients across the wider BSW patch and beyond.

- Whilst engagement has been taking place with clinicians, operational staff and senior leaders across the system for the development of the business case, it is now important to ensure wider stakeholders are aware, engaged and supportive of the scheme and to ensure any concerns are addressed. Whilst detailed pathways are still to be developed, given NHS patients are already treated at Sulis and the SEOC will offer improved access to high quality treatment, subject to scrutiny panel agreement, the proposals are not currently anticipated to constitute a “Significant Service Change event”.
- The principles of the case have been through December meetings of the ICB Finance and Investment Committee and ICB Elective Care Board. The Full Business Case will be scheduled to be discussed by the ICB Executive Committee circa April 2023.
- Our plan for the first phase of wider stakeholder engagement between January – February 2023 is to gain insight into the following line of questioning:
 - What are your views on the proposals?
 - Do you have any concerns?
 - Is there anymore that you want to know?

We will approach three major stakeholders:

GPs

The RUH will work with BSW ICB as well as using its own routes to gain insight from local GPs, particularly with reference to the patient pathway.

Members and Governors

The RUH and BSW ICB will engage with Foundation trust Members and Governors via the RUH Corporate Governance team to understand the wider population’s views on accessing elective surgery.

Post-surgery orthopaedic RUH patients

The RUH and BSW ICB will work with the RUH Patient Engagement team to speak to those who’ve recently had their orthopaedic surgery at the RUH to gauge their thoughts on the option of Sulis.

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