

## **BATH AND NORTH EAST SOMERSET**

### **MINUTES OF CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL MEETING**

Monday, 10th July, 2023

Present:- **Councillors** Dine Romero, Liz Hardman, Alex Beaumont, Paul Crossley, Dave Harding and Michelle O'Doherty

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

**Also in attendance:** Rebecca Reynolds (Director of Public Health), Ceri Williams (Policy Development & Scrutiny Officer), Laura Ambler (Place Director for Bath and North East Somerset, BSW ICB), Ann Smith (Assistant Director, Operations), Natalia Lachkou (Assistant Director - Integrated Commissioning), Claire Thorogood (Assistant Director – Strategy, Transformation and Governance), Paul Boyle (Transformation Director, BSW Elective Care Programme), Andrew Holland (Chief Medical Officer, RUH) and Victoria MacFarlane (Sulis & Elective Recovery System Lead)

#### **1 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting and asked those present to introduce themselves.

#### **2 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

#### **3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

The Democratic Services Officer announced that apologies for absence had been received from Councillor Lesley Mansell, Councillor Alison Born, Councillor Paul May, Councillor Ann Morgan, Councillor Karen Walker and Suzanne Westhead (Director of Adult Social Care).

#### **4 DECLARATIONS OF INTEREST**

There were none.

#### **5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

The Chair announced that she intends to set up a group, consisting of Panel members, to look at Knife Crime involving Young People to see what work the Council and other agencies can do to address this issue.

She also informed the Panel that she would like them to consider whether a Young Person could become a representative on the Panel, especially for those meetings that will be focussed on Children's Services.

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

There were none.

## 7 MINUTES: 14TH MARCH 2023

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

## 8 CABINET MEMBER UPDATE

The Assistant Director, Operations, Adult Social Care and the Assistant Director, Integrated Commissioning addressed the Panel and gave a presentation. A summary is set out below and a copy of the presentation will be attached as an online appendix to these minutes.

### Context for our families in Adult Social Care

- We are all about our people - Population approx. 193,000 – 147,000 who are over the age of 18
- One of the least deprived authorities in the country, ranking 247 out of 326 English authorities. Despite this, pockets of high deprivation exist.

### Our culture and ethos in Adult Social Care

- Our vision for Adults is:- ***We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.***
- We have high aspirations for Adults who require social care support to remain living safely within their community network.
- We are developing a strong Practice Framework based on what people need to remain in their communities to support them achieve the full potential.
- An inspection of Adult Social Care by the Care Quality Commission is due at some point in the future.

### The last 2 years.....

- It has been a challenging 2 years for all Local Authorities and B&NES: Covid 19 has impacted our workforce, our adults who require support and our communities.
- The financial climate has also been a challenge for Adult Social Care over this period, but we have balanced our money with underlying pressures.
- There is significant political support for Adult Services – Our Leader, Lead member, Scrutiny Panel and wider cabinet actively support improved outcomes for B&NES Adults who required social care support.

## Our starting point - the B&NES, Swindon & Wiltshire population

- **Population growth in all areas, with largest growth in B&NES.**
- Growth in frailty & dementia is below that of the >80 population due to long term improvements in health.
- Despite Swindon >80 population being the lowest in absolute terms it has the greatest increase in frailty and dementia cohorts.

## Adult social care population - Data for Feb 2022 – Jan 2023

- 2,284 – People supported by Adult Social Care
- Age of people supported: 18 – 64 = 42% / 65 and over = 58%
- Gender of people supported: Men = 44% / Women = 56%

## Who Leads The Adult Social Care Team

- Suzanne Westhead - Director of Adult Social Services
- Ann Smith - Assistant Director of Operations
- Natalia Lachkou - Assistant Director – Integrated Commissioning
- Claire Thorogood - Assistant Director – Strategy, Transformation and Governance

Kevin Burnett commented that earlier in the year Councillor Alison Born had referred to some ongoing research with regard to Covid-19 and he asked if there was any update on this available currently.

The Director of Public Health replied that the research was still ongoing due to the general pressures being seen within the service. She added that she would seek further information on behalf of the Panel and any possible timescales involved.

Councillor Paul Crossley asked if the issues of homelessness and sofa surfing came within the remit of Adult Social Care.

The Assistant Director of Operations replied that generally this matter would be in the Housing remit under the Council structure, but that Adult Social Care does have a role in the process. She added that they commission some services that include substance abuse issues.

The Chair added that if they wished the Panel could look at the health elements of these issues.

Councillor Liz Hardman asked if the officers would like to comment further on any concerns regarding the budget available to Adult Social Care.

The Assistant Director, Integrated Commissioning replied that by nature Social Care is a demand led service and that they also have statutory duties that they are required to carry out. She added that they had recently began the budget process for the next four years and they will look at a range of provisions. She said that they do lobby the Government for parity of investment and acknowledged that year on year it is difficult to balance the budget.

Kevin Burnett referred to the 3 Care Homes that are run by the Council (Coombe Lea, Charlton House and Cleeve Court) and asked what work would be required to make them all 'Good'.

The Assistant Director of Operations replied that there was not one specific thing that would enable the ratings to be improved. She stated that it was really important to have a stable workforce. She added that they work closely with colleagues at the RUH and that there is a partnership in place with Bath College. She said that she felt that the Service was heading in the right direction.

Kevin Burnett referred to the proposal for an interim arrangement for commissioning of Community Health, Public Health and services for a one-year period from 1st April 2024 with HCRG Care Group and asked for any further comments.

The Assistant Director, Strategy, Transformation and Governance replied that there were around 9-10 operational months until this stage in the transformation plan and that progress is going well. She added that officers involved are meeting on a weekly basis and that informal briefings are planned to be held with staff prior to formal consultation taking place.

Kevin Burnett asked what benefits will be seen as a result of the transfer of services.

The Assistant Director of Operations replied that it will see the Provider Services and the Adult Social Care workforce, that includes Social Workers and Occupational Therapists, come together to provide one whole service to seek to make it the best that it can be.

The Chair thanked the officers for the presentation on behalf of the Panel and said that she was keen for them to receive this ongoing level of information.

The Panel **RESOLVED** to note the presentation and update provided.

## **9 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE**

Laura Ambler, Place Director, B&NES, Swindon & Wiltshire Integrated Care Board addressed the Panel and highlighted areas from within the update report that had been circulated. A copy of the update will be attached as an online appendix to these minutes.

### Integrated Community Based Care programme update

The Integrated Care System (ICS) has recently published its Integrated Care Strategy which describes the key priorities and ambitions for the ICS. An integral part of this is to increase the focus on prevention and early intervention, delivering this through the BSW Care Model and providing excellent community-based services for people in BSW.

This future model will enable better integration of local services to meet the needs of our communities, helping to address the challenges facing health and care services

including increasing demand, workforce recruitment and retention, and financial sustainability.

The BSW Integrated Care Board (ICB) has established a programme of work called the Integrated Community Based Care Programme (ICBC) to lead the process of securing specific community services from 2025 onwards, working on behalf of the Councils and BSW ICB. The ICBC is governed by a programme board made up of representatives from BSW ICB and the BSW Councils.

The ICBC programme will start with ensuring the immediate continuity of service provision for the people of BSW and the workforce for the financial year 2024/25. This allows sufficient time to ensure people and communities, clinicians, professional staff and providers of services are involved as appropriate in the process.

Our plan for engaging with the public on this subject is in development and we will be in a position to offer an update on this over the coming months.

### Royal United Hospital Urgent Treatment Centre

BSW ICB and the RUH have been reviewing the Urgent Treatment Centre (UTC) model of care delivered from the Royal United Hospital. Following feedback from patients and staff, we plan to amend the service provided in the UTC during the hours of 10pm-8am to respond to the needs of people presenting during this time from September 4<sup>th</sup> 2023. This will not change access for our local population and aims to provide more rapid assessment and, in particular, advice, guidance and signposting for patients who may be more appropriately treated elsewhere or at different times.

The aim is to support more timely assessment and interventions for patients who do require urgent care support at the RUH. The new streaming pathways do not include children, young people and people with a learning disability and/or autism who will be seen in line with current arrangements.

We will be developing a communication plan over the next few weeks prior to this change to ensure people are aware of how the service will be delivered. We will be monitoring the change to understand any impacts.

Paul Boyle, Transformation Director, BSW Elective Care Programme addressed the Panel regarding the Sulis Hospital, Bath. He informed them that the hospital currently provides for approximately 50% private patient activity and 50% NHS activity and is seeking national funding to become an Elective Orthopaedic Centre.

He explained that a range of specialities are provided at the hospital: General Surgery, Ophthalmology, ENT, Urology, Plastics and Orthopaedics.

He stated that they plan to add to new theatres to the site by June 2024 that will enable around 1,500 joint operations to take place per year.

Andrew Holland, Chief Medical Officer, RUH added that the quality of care that can be provided for patients will be enhanced.

Paul Boyle said that the demand for orthopaedic surgery is increasing and that potentially some surgeons could choose to bring their patients to the hospital from across the local area.

Councillor Dave Harding asked if the funding that will be received would be recurring.

Paul Boyle replied that it would be capital funding for the building of the new theatres and that subsequently it would then be payment by results.

Kevin Burnett asked if this funding was in any way related to the HIP2 programme that the Panel had been briefed on previously.

Laura Ambler replied that the HIP2 programme pre dated the structure of the Integrated Care Board. She added that she would make enquiries on behalf of the Panel.

Councillor Liz Hardman commented that she was concerned about the practical arrangements for signposting patients from the RUH Urgent Treatment Centre.

Laura Ambler replied that a communications plan would be put in place to advise members of the public. She added that the amendments would allow for patients to be directed to another facility if appropriate and in some cases to have timed appointments.

Councillor Liz Hardman asked for the Panel to receive a report on Dental Services at a future meeting as it is a major issue for many residents in relation to being able to access these services.

Laura Ambler replied that a report on Dental Services can be provided to the Panel in due course.

Councillor Liz Hardman asked if the beds within the Homeward unit at St Martins Hospital are being used and is the scheme seen as being good value for money.

Laura Ambler replied that Homeward is seen as a successful and valuable scheme and is enabling people to be discharged from acute hospital beds and to then have time to gain support before returning to their home.

The Chair asked if there was a high percentage of students using the Urgent Treatment Centre as they may not be registered with a local GP.

Laura Ambler replied that she had not heard that this was a current factor with regard to the Centre but would confirm for the Panel.

The Chair asked if measures were in place to monitor the progress and work carried out at the Sulis Hospital.

Andrew Holland replied and said that there is an Oversight Committee in place and that he and Paul Boyle both sit on it. He added that they are currently looking at the governance arrangements and will make changes if they felt that they are required. He said that they could provide the Panel with regular updates through the report they receive from the ICB.

The Panel **RESOLVED** to note the update that had been received and thanked those present for attending.

## 10 UPDATE ON THE INTEGRATED HEALTH & CARE STRATEGY

Laura Ambler, Place Director, B&NES, Swindon & Wiltshire Integrated Care Board introduced this report to the Panel and highlighted the following areas from within it.

### Integrated Care System - Purpose and functions

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 - How the BSW ICS is made up

Integrated Care Alliances (ICA) x 3

- 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 (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

BSW Integrated Care Partnership (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 x 3

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

She referred the Panel to page 34 and the 'Integrated Care Strategy on a page' with its three key objectives.

- Focus on prevention and early intervention
- Fairer health and wellbeing outcomes

- Excellent health and care services

### BSW Care Model

- Personalised Care
- Healthier Communities
- Joined-up Local Teams
- Local Specialist Services
- Specialist Centres

### If we are successful we will see long-term improvements:

- An overall increase in life expectancy across our population
- A reduction in the gap between life expectancy and healthy life expectancy across our population
- Reduced variation in healthy life expectancy by geography, deprivation, ethnicity and other characteristics

### B&NES ICA – Priority work areas and themes

Four key priorities that run across all of our themes

- Workforce (or people and culture)
- Improve population health and reduce health inequalities
- Design and implement integrated neighbourhood teams
- Redesign community services

The role of the B&NES Health and Wellbeing Board is to set the vision to improve health and reduce health inequalities within the B&NES population.

- The Health and Wellbeing Strategy (H&WBS) is based on meeting needs identified in the Joint Strategic Needs Assessment (JSNA), referred to locally as the Strategic Evidence Base.

- The H&WBS sets out the Board's strategic direction for B&NES population level outcomes and four broad high-level priorities for system partners to operationalise.

- The H&WBS has an implementation plan which gives further detail on the actions that organisations will take place to address those priorities.

- There are three actions in this plan that are the responsibility of the ICA to lead on. They have been identified as actions that align particularly well with the role of the Board's terms of reference, and that directly align with the ICA priorities and actions in the BaNES Locality Implementation Plan:

- 3.3 Strategic approach to social prescribing- (ICA's priorities 2,3 and 4 and relevant cross cutting themes)

- 4.4 Improve access to physical and mental health services for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based specialist services and our specialist centres. ICA's priorities 1, 2,3 and 4 and relevant cross cutting themes)

- 4.5 The NHS, LA, Third Sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation. (Cross referenced to ICA's priorities 2 and relevant cross cutting teams)



Councillor Paul Crossley asked if topics such as smoking and vaping and enabling people to eat well would be addressed in the work of the strategies. He added that this work would be particularly important in recognised areas of inequality.

Laura Ambler replied that within the priority to 'Improve population health and reduce health inequalities' is a measure known as Core 20+5 and this focuses on the 20% of a population who are the most deprived. She added that they are already aware that 1 in 4 manual workers smoke in B&NES and therefore this has a significant impact locally and it is recognised as a priority.

She added that in terms of encouraging members of the public to eat well then some forms of educational programming can be considered and these could be provided by our third sector partners.

The Director of Public Health commented and agreed that smoking is a known problem within B&NES and a priority to be addressed. She added that a theme to be focussed on for the priority mentioned was Cardio Vascular Disease. She added that the use of vaping by young people was a cause for concern and would like them to be discouraged as much as possible. She said that for adults using vapes this would be seen as better for them than smoking if they were not able to stop totally.

Councillor Paul Crossley asked what support is available for children who have suffered from the death of a parent.

Laura Ambler replied that within B&NES there is a Carer's Network and that she is building a relationship with them with regard to our Young Carers and the support that they can receive in terms of emotional health & wellbeing, mental health and bereavement. She added that this work would also be addressed through the design and implementation of the integrated neighbourhood teams.

Councillor Dave Harding commented regarding improving cardio vascular health and stated that British Heart Foundation now recognise that Covid and post Covid complications are increasing incidents of heart disease and worsening cardio vascular health. He asked if there was any work that was taking place to research this further.

The Director of Public Health replied that she would need to find out further information about Long Covid Clinics and the provision through the Health Service of support for people that have ongoing conditions in relation to Covid.

Laura Ambler added that they would need to look at the available evidence base, any changes in population and what might have caused them and bring information back to the Panel in due course.

The Panel **RESOLVED** to note the update.

## 11 HEALTH & WELLBEING STRATEGY - IMPLEMENTATION UPDATE

The Director of Public Health introduced this report to the Panel and highlighted the following sections from within it.

### The B&NES Health and Wellbeing Strategy's Implementation Plan

The B&NES Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2023.

The Strategy has four key priorities:

- (1) Ensure children and young people are healthy and ready for education
- (2) Improve skills, good work and employment
- (3) Strengthen compassionate and healthy communities
- (4) Create health promoting places

Since the writing of the strategy a Strategy Implementation Plan has been written that sets out actions to be owned and delivered by partnerships and teams against the four priorities above. This Implementation Plan was approved by the Health and Wellbeing Board in June 2023.

The Implementation Plan was developed through extensive and iterative collaboration with individuals, teams and partnerships involving colleagues from the NHS, local VCSE groups and the Council, linking with existing strategies and working with current capacity.

Extensive effort has been made to ensure alignment between various strategies and implementation plans currently being developed or refreshed that impact on the health and wellbeing of the B&NES population.

A process by which implementation of the Strategy and its impact will be monitored, understood and reported back to the Board for discussion and assurance is in development and will be overseen by the Health and Wellbeing Strategy Steering Group. A proposal for this process will be brought to the Health & Wellbeing Board in September for agreement.

### Better Care Fund arrangements

The Better Care Fund (BCF) is a coming together of funds and strategies for the ICB, Council and DHSE to create integrated planning, development and delivery in adult health and social care. The Fund has been in place since 2015 with a growing set of guidance and direction as to how funds should be deployed.

The Health and Wellbeing Board is the responsible and accountable body for the deployment, monitoring and impact of the BCF. It is expected that the outworking of the annual BCF narrative plan, that is submitted to DHSC, reflects the Health and Wellbeing Strategy and the priorities and interests set out by the Health and Wellbeing board and its constituent members in line with the guidance.

The Health and Wellbeing Board is expected to receive regular updates on the delivery and implementation of the BCF and to also annually agree the narrative plan setting out priorities and commitments.

The plan for 2023/5 was submitted to and approved by the Health and Wellbeing Board on 20 June 2023 and submitted to the national team on 28 June 2023.

Councillor Liz Hardman asked if the Better Care Fund was managed HCRG.

The Director of Public Health replied that it was not and that the fund is managed by the Local Authority.

The Chair referred to the governance of the Fund and that it was monitored by the Health & Wellbeing Board. She asked what opportunities there will be in the future to scrutinise any of these decisions.

The Director of Public Health replied that there was a strong governance process in place and that the Health & Wellbeing Board was the last point in the chain following the agreement for areas of development and projects based on need.

The Assistant Director - Integrated Commissioning added that the national timetable had changed to a two year allocation and that this had been welcomed. She added that investment in technology was really important and that she would be happy to receive further feedback.

Laura Ambler added that the Panel should be assured of the robustness and rigour that is carried out with regard to the Fund and said that significant discussions are held about schemes within the Better Care Fund. She added that they were aware of the need for some areas of work to become more targeted.

The Chair stated that she would welcome any additional information on this matter to be submitted in good time so that the Panel can play a part in the process when required.

The Director of Public Health stated that she was excited to have the Implementation Plan in place as it showed how aligned our services are and said that the shift towards prevention has been key.

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

## **12 ADOPTION WEST PANEL MEMBERSHIP**

The Policy Development & Scrutiny Officer introduced this item to the Panel. He explained that the Children, Adults, Health & Wellbeing PDS Panel is requested to appoint a member to sit on the Adoption West Joint Panel to represent the organisation for the lifetime of this Council. He added that in the previous Council period this position had been taken up by Councillor Michelle O'Doherty.

The Chair proposed that the Panel reappoint Councillor O'Doherty.

Councillor O’Doherty replied that she would be happy to accept the role again on behalf of the Panel.

There were no further nominations and the Panel **RESOLVED** to agree that Councillor O’Doherty shall be their representative on the Adoption West Joint Panel.

### 13 PANEL WORKPLAN

The Chair introduced this item to the Panel. She summarised some of the subjects that had been raised through the course of the meeting that the Panel would like to look at further in future meetings and asked for any other suggestions.

- Knife Crime (Chair)
- Young Carers (Chair)
- Effects of Long Covid / Repeat infections in schools (Councillor Harding)
- Homelessness – Health impacts (Councillor Crossley)
- Care Homes (Chair)
- Dental Services (Councillor Hardman)
- Education matters – School buildings / Absences / Exam Results (Chris Batten)
- Exploitation of Care Home Workers (Chair)
- Exploitation of Children / Child Sexual Exploitation (Chris Batten)
- Young People – Mental Health Support / Social Media use / Isolation (Kevin Burnett)
- Culverhay site update (Chair)
- Care Home – Qualitative research into deaths due to Covid (Chair)

The Panel **RESOLVED** to note the proposals that had been made for future reports.

The meeting ended at 11.11 am

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

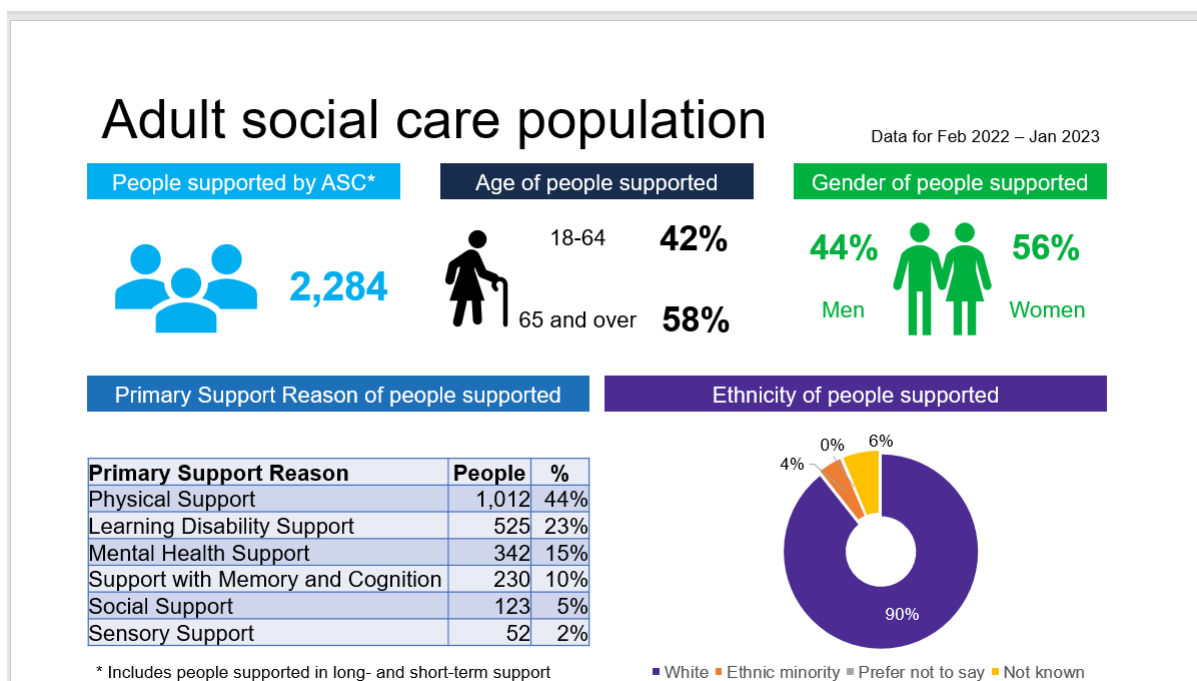
**Children’s and Adults Health and Wellbeing Policy Development and Scrutiny Panel -  
10<sup>th</sup> July 2023**

**Lead Member and Director of Adult Social Care Update**

**Adult Social Care in Bath and North East Somerset**

Adult Social Care (ASC) aims to help people with additional needs stay independent, safe and well so they can live the lives they want to. This includes people who are frail, have disabilities or neurodiversity, mental health and neurodiversity issues as well as the people who care for them.

Overview of the population funded by ASC in B&NES.



Adult Social Care services in B&NES is made up of the following:

- Council Provided Services

3 x Care Homes (Coombe Lea, Charlton House and Cleeve Court) with 105 beds for older people. Overall, these services have a Care Quality Commission (CQC) rating of Requires Improvement with elements of Good. Charlton House has improved its rating from Inadequate to Requires Improvement in the last 3 months.

5 x Extra Care Housing schemes (Greenacres, Avondown House, Hawthorn Court, The Orchard and St Johns which are located across B&NES) offering 110 flats to people over the age of 55 in partnership with social housing providers. All the schemes are rated Good by Care Quality Commission (CQC).

1 x Domiciliary Care Service (United Care B&NES) was formed in June 2022 and is delivered in in partnership with Royal United Hospitals Bath (RUH) providing circa 500 hours of care each week in peoples own homes. The service was set up due to a lack of care in market at that point in time. This service has not yet been CQC inspected.

- Integrated Mental Health Services with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

AWP provide Adult Social Care assessments to people with diagnosed Mental Health needs, support services and interventions to promote independence. The Local Authority also has a duty to provide Approved Mental Health Professionals (AMPS) who along with Doctor’s detain people under the Mental Health Act. The Local Authority is responsible for ensuring that people are not unlawfully deprived of their liberty (DoLs) and that decisions are taken in people’s best interests through our Best Interests Team and Mental Capacity Act (MCA) practitioners.

- HCRG Care Group

Under the current Integrated Community Services contract in B&NES (Adults and Children’s Community Health, ASC, Public Health and services delivered by Community Partners) HCRG Care Group deliver a number of ASC services to the B&NES population. These services include Adult Social Work, Learning Disabilities Day Services (including Shared Lives & employment support), Reablement, Hospital Transitions and young people who transited from Children’s services who require an ASC service.

The contract with HCRG Care Group will cease on 31<sup>st</sup> March 2024. Please refer to the section on Community Services Transformation later in the report for an update on future contracting arrangements.

### **The Councils Statutory Duties Under the Care Act 2014**

Local Authorities have statutory responsibility for safeguarding. In partnership with health, they have a duty to promote wellbeing within local communities. Local Authorities should cooperate with each of its relevant partners to protect adults experiencing or at risk of abuse or neglect.

Under the act, Local Authorities have safeguarding duties that have been created to protect vulnerable adults. They must lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. In B&NES the independent board is a combined children’s and adults safeguarding and includes community safety.

Care Act Assessments and meeting needs (including due regard to the impact of people’s needs on their wellbeing) is currently delegated to HCRG Care Group, except where the persons presenting needs relate to Mental Health as these Care Act functions are carried out by Council staff working in partnership with AWP. The teams in HCRG Care Group work with adults over the age of 18 and young people in transition in line with the relevant legislation.

### **Relevant Legislation**

<p><b>The Care Act 2014</b> Duties include: Prevent, delay and reduce, the need for formal care Provide information and advice to enable people to make informed decisions about their care To facilitate and manage the provider market to meet the needs of the population and offer choice</p>	<p><b>Health and Social Care Act 2012</b></p>	<p><b>Mental Capacity Act 2005</b>  <b>Mental Health Act 2005</b></p>	<p><b>Equity Act 2010</b>  <b>Human Rights Act 1998</b></p>
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<b>Safeguarding Vulnerable Groups Act 2006</b>	<b>GDPR and the Data Protection Act 2012</b>  <b>Information Sharing: Advice for Practitioners 2018</b>  <b>Public Interest Disclosure Act</b>	<b>Working Together to Safeguard Children 2018</b>	<b>Criminal Justice and Courts Act 2015</b>  <b>Police and Criminal Evidence (PACE) Act 1984</b>
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## Performance

Adult Social Care is required to submit annual performance reports to central government on defined areas of activity, this is known as Adult Social Care Outcomes Framework (ASCOF) there are 26 measures in this framework. Performance reports are generated by activity undertaken by ASC staff within the council and ASC services by HCRG Care Group.

B&NES performs better than the England and the South West average across 23 of the 26 domains. However, there is improvement work taking place in some areas including, direct payments uptake and support for and satisfaction of unpaid carers. This improvement requirement is detailed in the Directorate Service Plan for 2023/24.

Adult Social Care also report on Mental Health Activity and Safeguarding Activity. There is no centralised reporting on waiting times for assessments or reviews, but this is likely to change with the new CQC inspection framework for Adult Social Care. The Directorate continues to track these performance measures internally.

## CQC Assurance and Peer Review

Care Quality Commission (CQC) has a new role in relation to ASC which allow the CQC to look more effectively at how care provided in a local system is improving outcomes and reducing inequalities. The Health and Care Act gives CQC a role in reviewing Integrated Care Systems (ICS) and gives CQC a new duty to assess how Local Authorities are meeting their social care duties under Part 1 of the Care Act. Local Authorities have duties to people who live in their areas around prevention, information and advice and offering high quality and appropriate services.

The Local Authority Assessment Framework will go live in 2023/24 and the initial focus of CQC Local Authority assessments will be across four themes outlined below.

<b>Theme 1: Working with people</b>	<b>Theme 2: Providing support</b>	<b>Theme 3: Ensuring safety</b>	<b>Theme 4: Leadership and workforce</b>
Quality Statements: <ul style="list-style-type: none"> <li>Assessing needs</li> <li>Supporting people to live healthier lives</li> <li>Equity in experience and outcomes</li> </ul>	Quality Statements: <ul style="list-style-type: none"> <li>Care provision, integration and continuity</li> <li>Partnerships and communities</li> </ul>	Quality Statements: <ul style="list-style-type: none"> <li>Safe systems, pathways and transitions</li> <li>Safeguarding</li> </ul>	Quality Statements: <ul style="list-style-type: none"> <li>Governance, management and sustainability</li> <li>Learning, improvement and innovation</li> </ul>

The Ministerial steer is for a single overall rating at Local Authority level with narrative and scores to provide granularity on the assessment and the areas for improvement. CQC will use four rating levels for the overall rating - Outstanding, Good, Requires Improvement and Inadequate.

- Each of the Quality Statements will be scored 1-4, accompanied by a single word descriptor and indication of direction of travel
- Evidence categories within the Quality Statements will also be scored 1-4 and scores will be aggregated to Quality Statement level
- The overall rating and scores for the quality statements will be published alongside a narrative report
- Baselining period of initial assessments of all ICS's and Local Authorities, during which CQC will gather all required evidence and report on all 142 Local Authorities
- 5 Local Authorities have volunteered to be part of the first phase of inspections starting in Autumn 2023

To support our journey to outstanding ASC has commissioned a Peer Review (12<sup>th</sup> -14<sup>th</sup> September 2023) from the Local Government Association (LGA) as this will enable us to have independent analysis of our preparation for CQC inspection, which could take place for B&NES at any point from September 2023 onwards.

The purpose of a peer challenge is to be a constructive and supportive process to support improvement and act as 'critical friend' to promote sector led improvement. Peer Review is not an inspection and therefore no rating or score is given, it is a learning process that will help an organisation or group of organisations to assess current achievements and to identify those areas where improvements can be made. The Peer Review process will involve exploring ambitions, performance and delivery structures of ASC in B&NES in a supportive way that helps build a common purpose by reflecting on the present situation and future journey.

## **Finance**

The final 2022/23 outturn position for the Adult Social Care budgets was a break even position. Whilst the number of package placements has continued to be below previous levels seen, the cost has increased during the year due to the economic and market factors experienced during 2022/23. Arrangements for hospital discharges were in place all year, funding for these arrangements was jointly provided with Health and made use of the discharge grants received in 2022/23. This spend remained in line with previous years. These arrangements will continue in 2023/24 along with other jointly funded and agreed schemes between the Council, Integrated Care Board (ICB) and partners. This should continue to reduce any budget pressures and deliver improved outcomes in the longer term.

The current forecast position (reported at Quarter 1) is balanced as the underlying variances will be covered by a transfer from the Adult Social Care Reserve fund (£2.4m). The two main pressure points are for spend on learning disabilities packages and the use of agency staff.

Referrals to the services are increasing in complexity which adds to the budgetary pressure and work continues with health colleagues to review and agree the correct funding model for the services required.



## Commissioning Arrangements

In B&NES commissioning arrangements for a wide range of health and social care services are strategically led, managed, and delivered by an Integrated Commissioning Team that is jointly funded by the Council and the BSW ICB (Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board). This commissioning function follows the all-age approach and mirrors the BSW Care Model and life cycle model of Start Well, Live Well, Age Well and Dying Well. The function is led by the Assistant Director – Integrated Commissioning, B&NES locality. The team's activity is organised around strategic portfolios focusing on a life stage, population group or type of provision (e.g., Start Well, Complex Needs, Community Services). Each portfolio is overseen by a senior commissioning manager, responsible for commissioning officers who plan, buy, and monitor a range of NHS and Council services for children and adults with a variety of social, physical, and mental health needs. The team also includes a placement function that sources and arranges social care placements for children and young people and a brokerage function that brokers and sources care for adults such as packages of care delivered in people's homes or placements in residential and nursing homes.

Our close working with the NHS and our wider community partners ensures we continue to promote, maintain, and enhance people's wellbeing and independence so that they are healthier, stronger, more resilient, and less reliant in the future on formal social care services. We are also working with HCRG Care Group on continual improvement of the community health and social care services they provide in B&NES under the prime provider contract.

As a system, we are committed to building effective relationships informed by our shared ambition to improve the lives of our residents. Our approach to social care transformation and service improvement plans are underpinned by the following principles:

- **Offers choice, control, and independence to care users** – so that individuals are empowered to make informed decisions and live happier, healthier, and more independent lives for longer
- **Provides an outstanding quality of care** – where individuals have a seamless experience of an integrated health, care and community system that works together and is delivered by a skilled and valued workforce
- **Is fair and accessible to all who need it, when they need it** – ensuring that fees are more transparent, information and advice is user-friendly and easily accessible, and no one is subject to unpredictable and unlimited care costs

## Community Services Transformation

B&NES Council and the Integrated Care Board (ICB) made a decision not to extend the HCRG Care Group contract for the three-year extension term in May 2022 (Non-extension Decision Ref: E3362). Following the decision to end the current contract with HCRG Care Group B&NES and the ICB agreed to commence three programmes of work to deliver a new operating model for Community Health, Adult Social Care, Public Health and Community Partners:

- Programme One: ASC Redesign and Community Partners to develop a new operating model for adult social care services and agreeing commissioning priorities for services delivered by community partners

- Programme Two: Public Health for a review of the future commissioning framework of Public Health grant funded services
- Programme Three: Integrated Community Based Care for the future design of children's and adults community health across Bath and North East Somerset, Swindon and Wiltshire (BSW)

Each programme is interdependent for Community Services Transformation and there are two key stages of this work:

- Stage One: Secure continuity of services for 2024–2025

The Council has completed a detailed options appraisal, and a decision was taken to transfer Adult Social Care services for Social Work (including Direct Payments) and Adults with Learning Disabilities and their Families to B&NES Council as of 1<sup>st</sup> April 2024 (Transfer Decision Ref: E3393).

It is recommended that the council endorses the proposal for an interim arrangement for commissioning of Community Health, Public Health and services delivered by Community Partners with the ICB as Co-ordinating Commissioner and the Council as Co-Commissioner for a one-year period from 1<sup>st</sup> April 2024 with HCRG Care Group. Services commissioned in this new contract arrangement are to be delivered within approved policy and budget frameworks and subject to a Council Single Member Decision (on or after 17<sup>th</sup> July) and ICB approval in July 2023.

Below is a link to the Single Member Decision paper for Community Services Transformation Programme – Update on Contract Arrangements for 2024/25.

<https://democracy.bathnes.gov.uk/mgListPlanItems.aspx?PlanId=901&LLL=0>

- Stage Two: Procurement of services from 2025 onwards

Detailed options appraisals are being developed for the future service specification and delivery of Community Health, Public Health and services delivered by Community Partners. The intention is for both the Council and ICB to take decisions in the Autumn 2023 period. The ICB have run a series of workshops for the future design of community health services over the last 6 months and on 4<sup>th</sup> July a market engagement event is being held for providers.

### **Glossary of Terms**

The link provided is a helpful reference tool to explain the jargon used in health and social care. The jargon buster is a directory of Plain English definitions of commonly used words and phrases in health and social care.

<https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/>

**Cllr Born – Cabinet Member for Adult Social Care and Public Health**

**Suzanne Westhead – Director Adult Social Care**

**6<sup>th</sup> July 2023**

# Leading and Managing Together "Adult Social Care -Our Local Story"

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**Suzanne Westhead**  
**Director of Adult Social Care**

# Context for our families in ASC

- We are all about our people
- Population approx. 193,000  
147,000 who are over the age of 18
- Less ethnically diverse than UK as a whole, but more so than wider South West
- One of the least deprived authorities in the country, ranking 247 out of 326 English authorities. Despite this, pockets of high deprivation

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# Our culture and ethos in ASC

- We are a service which places relationships at the heart of our work.
- Our vision for Adults is:- ***We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.***
- We have high aspirations for Adults who require social care support to remain living safely within their community network.
- We have a stable leadership team which leads by example wherever possible.
- We are developing a strong Practice Framework based on what people need to remain in their communities to support them achieve the full potential.



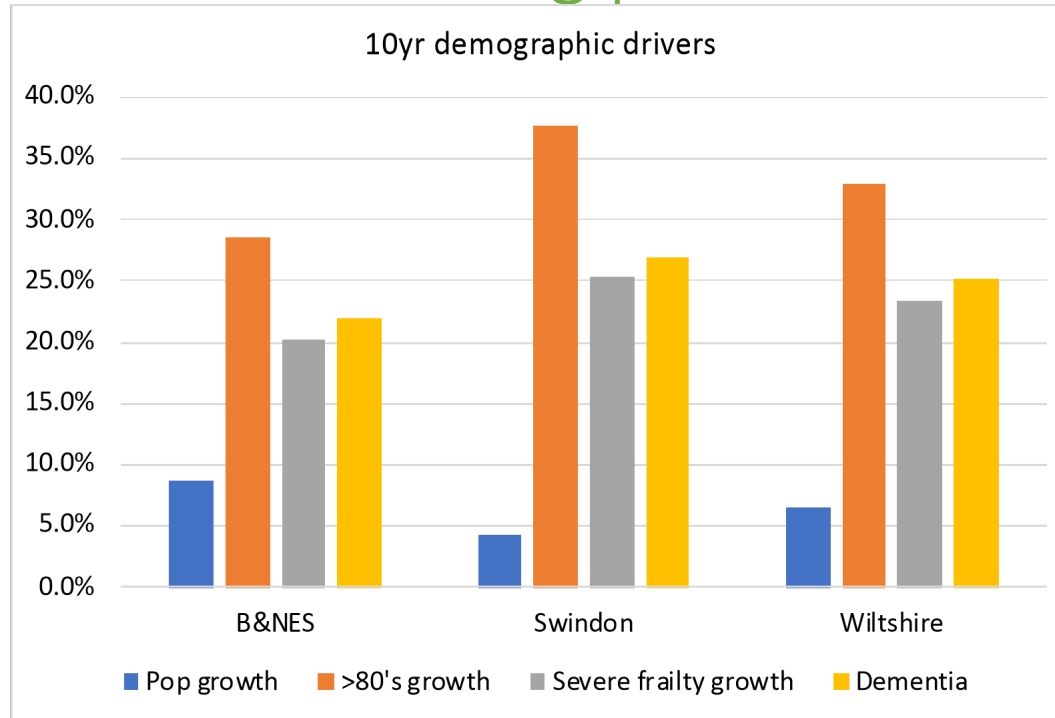
# The last 2 years.....

- It has been a challenging 2 years for all Local Authorities and B&NES: Covid 19 has impacted our workforce, our adults who require support and our communities.
- The financial climate has also been a challenge for the Adult Social Care over this period, but we have balanced our money with underlying pressures.
- There is significant political support for Adult Services our Leader, Lead member, Scrutiny Panel and wider cabinet actively support improved outcomes for B&NES Adults who required social care support.





## Our starting point - the BSW population



- 1. Population growth in all areas, with largest growth in B&NES.**
2. >80's growth largest in Swindon.
3. Growth in frailty & dementia is below that of the >80 population due to long term improvements in health.
4. Despite Swindon >80 population being the lowest in absolute terms it has the greatest increase in frailty and dementia cohorts.

# Adult social care population

Data for Feb 2022 – Jan 2023

## People supported by ASC\*



2,284

## Age of people supported



18-64

42%

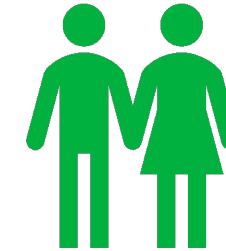
65 and over

58%

## Gender of people supported

44%

Men



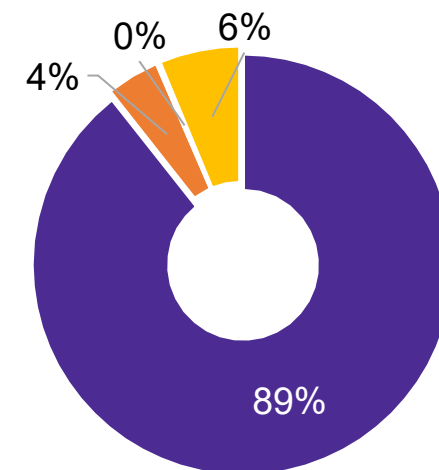
56%

Women

## Primary Support Reason of people supported

Primary Support Reason	People	%
Physical Support	1,012	44%
Learning Disability Support	525	23%
Mental Health Support	342	15%
Support with Memory and Cognition	230	10%
Social Support	123	5%
Sensory Support	52	2%

## Ethnicity of people supported



\* Includes people supported in long- and short-term support

■ White ■ Ethnic minority ■ Prefer not to say ■ Not known



# Who Leads The ASC Team



**Suzanne Westhead**  
**Director of Adult**  
**Social Services**



**Ann Smith**  
**Assistant Director of**  
**Operations**



**Natalia Lachkou**  
**Assistant Director –**  
**Integrated**  
**Commissioning**



**Claire Thorogood**  
**Assistant Director**  
**Strategy, Transformation**  
**and Governance**



## **Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel – Monday 10 July 2023**

### **Integrated Community Based Care programme update**

The Integrated Care System (ICS) has recently published its Integrated Care Strategy which describes the key priorities and ambitions for the ICS. An integral part of this is to increase the focus on prevention and early intervention, delivering this through the BSW Care Model and providing excellent community-based services for people in BSW.

Some of the existing contracts for community services are expiring soon and this offers a unique opportunity for health and care partners to plan and commission services for a future model of care. This future model will enable better integration of local services to meet the needs of our communities, helping to address the challenges facing health and care services including increasing demand, workforce recruitment and retention, and financial sustainability.

The BSW Integrated Care Board (ICB) has established a programme of work called the Integrated Community Based Care Programme (ICBC) to lead the process of securing specific community services from 2025 onwards, working on behalf of the Councils and BSW ICB. The ICBC is governed by a programme board made up of representatives from BSW ICB and the BSW Councils.

The ICBC programme will start with ensuring the immediate continuity of service provision for the people of BSW and the workforce for the financial year 2024/25. This allows sufficient time to ensure people and communities, clinicians, professional staff and providers of services are involved as appropriate in the process.

It is expected that the programme will be completed, with new contracts in place by April 2025. Decisions will be made by the respective Councils and BSW ICB in the coming weeks on their plans for ensuring continuity of service provision for 2024/25. The ICBC programme will work to complement and align with the concurrent programmes of work initiated by Wiltshire Council on commissioning Public Health Nursing Services, and the Bath & North East Somerset Council plans for Adult Social Work and Learning Disability services.

Our plan for engaging with the public on this subject is in development and we will be in a position to offer an update on this over the coming months.

We will continue to keep you informed as the programme progresses. For further information please contact: [bswicb.bsw-icbc@nhs.net](mailto:bswicb.bsw-icbc@nhs.net)

### **Sulis Elective Orthopaedic Centre update**

Following our update to the January meeting of the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel, we would like to offer a further update on plans to provide additional capacity at Sulis Hospital for elective surgery to reduce waiting times across Bath and North East Somerset Swindon and Wiltshire.

The plan is to provide two additional theatres on the Sulis Hospital Bath site along with the conversion of one of the existing theatres to make it suitable for trauma and orthopaedic operations.

The expansion will enable an increase in orthopaedic surgery, predominantly joint replacements. There will be 1500 cases carried out per annum in each theatre plus around 750 cases, a total of 3750 cases.

All suitable orthopaedic cases will be transferred from the RUH and additional capacity will be provided for patients from the BSW area, including Swindon and Salisbury, but also from further afield, for example, from Devon and Cornwall.

More information is included in the attached slide deck

### **Royal United Hospital Urgent Treatment Centre**

BSW ICB and the RUH have been reviewing the Urgent Treatment Centre (UTC) model of care delivered from the Royal United Hospital. Following feedback from patients and staff, we plan to amend the service provided in the UTC during the hours of 10pm-8am to respond to the needs of people presenting during this time from September 4<sup>th</sup> 2023. This will not change access for our local population and aims to provide more rapid assessment and, in particular, advice, guidance and signposting for patients who may be more appropriately treated elsewhere or at different times.

The aim is to support more timely assessment and interventions for patients who do require urgent care support at the RUH. The new streaming pathways do not include children, young people and people with a learning disability and/or autism who will be seen in line with current arrangements.

We will be developing a communication plan over the next few weeks prior to this change to ensure people are aware of how the service will be delivered. We will be monitoring the change to understand any impacts.

## Dentistry in BaNES

Responsibility for commissioning dental services was delegated to the BSW ICB from April 2023.

The benefits for local people of BSW ICB taking on responsibility for commissioning these additional services include improved care quality, reduced health inequalities, improved health prevention, improved use of resources and clinical leadership in place to lead and collaboratively work to identify and oversee clinical improvements in services.

As this is a relatively new development and as commissioning arrangements are still bedding in, at this stage BSW ICB would like to schedule an in-depth update on this topic at the September meeting of this group, with a brief overview offered below:

There are currently 116 dental contracts in BaNES

Most recent figures (March 2022) for access to services show 33.7% (nationally 37.4%) of adults and 60.1% (nationally 46.9%) of children in BaNES accessed services. 'Access' is defined as 'attended an appointment with an NHS dentist.'

## Industrial action

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

The next planned period of industrial action will see Junior Doctors strike on Thursday 13 to Tuesday 18 July and Consultants on 20 and 21 July. These latest instances of industrial action are expected to cause significant issues for the day-to-day running of health services in BaNES.

In BSW, system partners are working together to ensure operational oversight and 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.

### **Homeward unit launches at St Martins Hospital**

Patients who are almost ready to go home from hospital, but who require a period of recuperation to help them better prepare, are being offered a stay in a Homeward Unit at St Martin's Hospital in Bath.

The 16-bed facility will allow patients to get better through a range of therapeutic interventions including help with mobilisation, support with healthy eating, getting enough to drink and increased interaction with other people on the ward.

The unit, operated by local provider HCRG Care Group for Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB), will also help to avoid the deconditioning and hospital-based infections that can sometimes affect patients that spend too long in acute hospital beds.

The team on the Homeward Unit will work with patients and their families or carers to ensure they are in the best possible position to leave the hospital and begin their journey to the place they call home.

Patients recently discharged from the Homeward Unit have praised the support they have received, the standards of food and the welcoming and friendly staff.

### **Virtual Wards in BaNES**

Following our recent update to the November meeting of the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel, the NHS@Home Virtual Wards service is now available to people living in Bath and North East Somerset. In June 50 patients have been supported by the new service.

NHS@Home Virtual Wards is a joint initiative provided across Bath and North East Somerset, by HCRG Care Group, the Royal United Hospital and other local health and care organisations. The service is also offered across Swindon and Wiltshire.

The service supports suitable patients, who would otherwise be in hospital, to receive a high level of care, assessment, monitoring and treatment at home or their normal place of residence.

NHS@Home Virtual Wards, which is also sometimes known as Hospital at Home, provides a range of interventions from a team of doctors, nurses paramedics and

therapists and other healthcare professionals who assess patients both remotely and face-to-face as required to provide clinical advice and treatment.

Members of the NHS@Home Virtual Wards team will schedule regular visits, dependent on individual needs, to deliver the treatment and care required. Patients will also have access to advice and support outside of their visits.

### **The B&NES Integrated Community Nurse conference**

The B&NES Integrated Community Nurse conference ran for a second year on June 14th, 2023 at the Newton Park Campus of Bath Spa University.

The event, was once again coordinated by key community providers; B&NES Enhanced Medical Service, HCRG Care Group, Dorothy House and B&NES Nursing Home representatives. For a second year running, the event was highly successful and well-received by all 50 delegate nurses from across the specialities.

The conference focused on two main themes: integration and celebration, with the overriding aim being to bring together nurses, celebrate nursing achievements and continue the positive work from last year regarding strengthening the integrated working between providers.

The event was fortunate to be supported by key speakers like the South West Regional Chief Nurse, Sue Doheny, and Queen's Nurse representatives. Their presentations offered valuable knowledge, innovative ideas and helped foster meaningful discussions and networking opportunities. A representative from the University of the West of England placements team attended to observe, which will help to forge new placements links for the future workforce.

Both years, the event has been a fantastic opportunity to celebrate the community nurses in BANES, as well as facilitate knowledge sharing and foster collaborative and integrated approaches to patient care in our locality.

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