

## **BATH AND NORTH EAST SOMERSET**

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

Monday, 9th October, 2023

**Present:-** Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Alex Beaumont, Paul Crossley, Dave Harding, Michelle O'Doherty and Joanna Wright

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

**Also in attendance:** Claire Thorogood (Head of Contracting & Performance), Natalia Lachkou (Assistant Director - Integrated Commissioning), Ann Smith (Assistant Director - Operations), Laura Ambler (Director of Place, B&NES, BSW ICB) and Judith Westcott (Senior Commissioner, Community Transformation)

#### **29 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

#### **30 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

#### **31 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

There were none.

#### **32 DECLARATIONS OF INTEREST**

There were none.

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

There was none.

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

There were none.

#### **35 MINUTES: 18TH SEPTEMBER 2023**

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

## 36 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel and highlighted the following areas from her update. A copy of the update will be attached to these minutes as an online appendix.

### ASC Performance

The number of people with current long-term services funded by Adult Social Care is **1,872**. In addition to this there are **406** carers with current services funded by Adult Social Care.

There are **48** people currently waiting for a Care Act assessment of their needs, this is an improvement on the previous month of **59**. **457** (from the 1,872) are waiting for an annual review of their needs, again this is an improvement trend from **527**. The average wait is 8 months overdue, and the longest wait is 11 months overdue. All reviews are risk rated and prioritised accordingly.

Our Mental Health teams continue to experience increased demand, approx. 10% month on month. We have received **104** referrals for detention under the Mental Health Act since April 2023 with **97** of those referrals accepted by the Approved Mental Health professionals.

### Finance

Whilst the number of packages provided continued to be below previous levels during the first part of the year, we are now seeing an increase (average of 25%) in year on year activity. Package costs have also increased during the year (average by 12%), due to the economic and market factors that are currently being experienced across the country.

In addition, 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.

### ASC Provider Services Update

The council operates 5 Extra Care Schemes, 3 Care Homes (CRCs) and 1 care agency. The 5 extra care schemes remain rated as good by the CQC and the 3 care homes are rated overall requires improvement but with good in key areas such as caring and safety. Our home care service has yet to be inspected by CQC.

The service has undertaken a comprehensive review of its delivery and costs and will be consulting in October and November on our future plans for the service, a final decision will be made via a Single Member Decision in January 2024. Recruitment to the services continues to improve with our vacancies reducing from 70 to 22 across the services.

## **Community Catalysts working in B&NES**

Strategically, we want to empower people to make their own care and support decisions, as well as ensuring a sustainable, competitive marketplace, with capacity to support the needs of our residents.

To this aim we are working with Community Catalysts as our strategic partner to increase the number of small community enterprises in B&NES that will use their skills and passions to provide a wide range of help and support to local people.

Our recently appointed dedicated B&NES Catalyst is working with three enterprises, supporting them through the development programme, and is engaging with a further ten who have made enquiries. We have recently held two engagement workshops and set up a change group which has membership from statutory and third sector organisations. This is a great start to the project that demonstrates positive interest in this opportunity to ensure that support is community based, builds on strengths, is person-centred, preventative, and affordable.

## **New Supported Living Schemes**

Specialist Commissioners have been working with social work colleagues and social landlords Curo and Bromford to develop proposals for two new supported living schemes to enable residents to live independently, with support close to their families, friends, and communities.

We are currently out to procurement for a core support provider to provide 24-hour support at these new developments: one at Hygge Park in Keynsham and one at Sulis Down in Bath.

Both schemes will house five individuals with a learning disability and/or autism in their own flats, with space for staff to stay and the individuals to socialise. We expect the procurement process will conclude later in the autumn and the contract to be in place from January 2024.

## **Support for Unpaid Carers and Co-production**

Unpaid carers play a vital role in enabling people they care for to live with the right care and support at home. We are aware that over the past few years, rates of satisfaction amongst unpaid carers have declined nationally and locally. Our commitment to carers is very strong and we aspire to enable all B&NES carers to feel valued, continue in their caring role if they wish to do so, and to lead their best life.

To this aim we are taking forward two planned pieces of work this year. Firstly, we are preparing for the next national carers survey due to take place in February. This survey will be sent to all carers known to the council to seek a range of quantitative and qualitative information about carers' experiences and quality of life.

Secondly, we have started planning engagement for a new co-produced carers strategy, which is being developed across the autumn. Together with the B&NES Carers Centre and local carer networks, we will be asking carers what is important to

them, what would make a difference and use this insight to inform future commissioning plans for carers' support.

Kevin Burnett asked if any Council money was involved in the Community Catalysts work or was funding being provided through a third party.

The Assistant Director, Integrated Commissioning replied that the Council was funding the project, but not the delivery of care to individuals. She added that the funding was being provided by last year's allocation to B&NES of the Better Care Fund. She said that once the Catalysts were operational there would be two funding streams, either through a personal budget, for people who are eligible or directly purchasing the services.

Councillor Liz Hardman asked what the future plans for the Home Care service are and what decision will be taken by the Cabinet Member in January 2024.

The Assistant Director, Operations replied that the service is currently delivered in partnership with the RUH and is due to run until June 2024. She said that the partnership has included the recruitment of international employees and for them to be seconded into work for the Council. She added that in January 2024 they will be seeking options for the service going forward and so the Cabinet Member decision will be based around recruitment and the model of the service.

She stated that they were now looking to stop international employees from joining the service and focus on local recruitment as sponsorship visas only last for three years.

Councillor Hardman commented that it was good to see that waiting times have been reduced for residents waiting for a Care Act Assessment of their needs. She added that however, the average wait time is still eight months and asked can anything more be done to reduce this.

The Assistant Director, Operations replied that the average time is based on all patients and that it might be useful in the future to break these figures down into separate categories as some cases are difficult to assess.

Councillor Paul Crossley asked if any further comment could be given on the numbers involved in the safeguarding enquiries.

The Assistant Director, Operations replied that there has been an increase in referrals, but that the numbers that have required an investigation have been static. She said that the service has been promoted which is why the referrals have increased, but it was important to note that this had not resulted in an increase to people who have been harmed.

Councillor Crossley also raised the escalation of Mental Health cases and asked if it was known what was driving the increase and how our figures compare with other Local Authorities.

The Assistant Director, Operations replied that the figures for B&NES were in line with that of other areas and that across the Avon and Wiltshire Partnership they were seeing an increase in requests for assessments under the Mental Health Act. She

said that this did not always translate into detention as they have a robust diversion programme in place. She added she felt that they were still seeing a deterioration in peoples mental health following the Covid pandemic.

Councillor Crossley said that he was concerned about the service having enough resources and asked if the Council was prepared for this in terms of the forthcoming budget.

The Assistant Director, Operations replied that they were currently working on the staffing needs required locally, were within their agreed budget and looking to appoint additional mental health professionals. She added that from April 2024 two additional specialist posts would be in place and that approval had recently been received to recruit four apprentice Occupational Therapists.

Councillor Alison Born commented that they were assessing the resources available in advance of the budget setting process and suggested the Panel have a future agenda item relating to Mental Health provision.

Councillor Joanna Wright asked if an explanation could be given for the figure within the July Cabinet papers that said there was around a £528,000 underspend on Adults and Older People Mental Health & Commissioning.

The Assistant Director, Operations replied that this figure related to the packages of care and that the pressure identified within the update is in relation to staff capacity and their ability to carry out the Mental Health Capacity assessments.

Councillor Alex Beaumont asked if any update could be given on Charlton House.

The Assistant Director, Operations replied that a review of the 3 Care Homes within B&NES has been carried out and that a six week public consultation regarding their future use will begin later in October. She added that Charlton House has continued to make improvements, but only one floor remains in use with a low level of occupancy.

Councillor Wright referred to the New Supported Living Schemes and asked for it to be made sure that these properties are fit for purpose as she had recently received concerns from a number of residents regarding Curo properties. She asked for the Panel to consider receiving a report on Housing at a future meeting.

The Assistant Director - Integrated Commissioning replied that both schemes were to be new build properties and would be built to the expected modern standards. She added that a partnership agreement will be in place between Curo, as a landlord and the care and support provider. She said that the contract award for this was imminent and would provide an oversight of the quality of care and the quality of housing.

Councillor Wright asked who the democratic representative was on the Integrated Care Board. She said that she would appreciate seeing a structure chart of how all the various component bodies interact.

The Director of Place, B&NES, BSW ICB replied that this would be the Chief Executive of the Council, Will Godfrey. She added that a slide deck was available and she would look to circulate that again to the Panel.

The Chair suggested that this alongside a glossary of terms could be included with every update.

Councillor Wright asked how residents can be supported with regard to their understanding of Pension Credits and what they are entitled to receive.

Councillor Alison Born replied that if a resident has had a Social Care Assessment they should be able to receive some direct support and added that they could also contact Age UK / Compassionate Communities Hub for advice.

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

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

The Director of Place, B&NES, BSW ICB addressed the Panel and highlighted the following areas from her update. A copy of the update will be attached to these minutes as an online appendix.

#### **BSW ICB Prescriptions Ordering Direct – Proposals for the future**

BSW ICB has developed a proposal for an organisational change to stop BSW ICB's Prescriptions Ordering Direct (POD) in its current form and look at potential options for the future of repeat prescribing. We look forward to engaging with members on the proposal over the coming weeks.

Primary care is one of the most dynamic and innovative parts of the health service and ensuring our busy primary care system across BSW is supported and resourced fairly and equitably is an important focus for BSW ICB.

The context has also changed since POD was first launched in 2017. One of the ambitions set out in the national *Delivery plan for recovering access to primary care* is to enable patients in over 90% of practices to order repeat prescriptions using the NHS App by March 2024.

We have looked at scaling POD across the system, however it is clear that the levels of necessary financial support required would not be achievable. Other POD services have now closed or are in the process of closing across England for very similar reasons.

We are now actively engaging with our staff ahead of a formal consultation on potential changes to POD. During this period, we would like to offer you and elected members with a role and interest in health services a meeting to discuss the proposal in more detail if helpful. Our engagement period will run up until 2<sup>nd</sup> November inclusive.

After the engagement period and our consultation with staff, we will consider all comments received from our colleagues, yourselves and other stakeholders and will decide on the way forward. We will also feedback to you the outcome of the consultation and engagement process once we have gathered all the information we need.

### **The BSW Primary and Community Care Delivery Plan (PCCDP)**

The BSW ICB Board has approved a Primary and Community Care Delivery Plan (PCCDP) for BSW. The PCCDP builds on existing BSW strategies, including the BSW Together Integrated Care Strategy and Implementation Plan as well as national policy and guidance.

This delivery plan also incorporates feedback from over 40 stakeholders including primary care GPs, integrated care board (ICB) members, the clinical oversight group, and the integrated community-based care (ICBC) programme.

It sets out a number of priorities to deliver transformation for primary and community care and reflects the engagement work completed with service users, providers and wider stakeholders to identify initiatives and solutions to deliver our ambition.

### **Winter planning**

As our health and care system continues to experience unrelenting demand challenges and operational pressures, we are continuing to work with our partners to deliver existing demand management and capacity improvement plans.

Operationally there continues to be significant joint working in the locality under our Home is Best programme of work which supports patients to remain at home, aims to reduce our reliance on bed-based care and improve patient outcomes and experience.

Working in partnership across health and social care, we are on track to deliver our plans to deliver against targets including reducing the number of the non-criteria to reside in our acutes - currently maintaining a position below our trajectory of 30, significantly reducing our number of discharge to assess beds by 40 per cent, we are currently at 31, exceeding our target of 36.

We have also continued to increase our use of virtual wards- a flagship BSW scheme. A key focus for the coming months is on increasing referrals to the Virtual Ward step-up model through continuing to raise the profile of service.

### **Community Investment Fund**

Good progress has been made with our Community Investment Fund. BSW ICB has been working with five BaNES-based third sector organisations and has awarded grants to Southside Hardship Fund, Julian House, Citizens Advice Bureau, Age UK and West of England Rural Network.

These grants will help some of our most vulnerable communities with cost-of-living support, food and clothing and warm home grants.

This is a key part of our strategy on health inequalities and a demonstrable example of how BSW ICB is working directly with our communities at a local level.

**BSW VCSE sector partner Bath Mind opens new well-being accommodation for adults experiencing a mental health crisis**

Local Voluntary, Community and Social Enterprise organisation Bath Mind has opened a non-medical house offering wellbeing accommodation for adults experiencing a mental health crisis.

Orchard House, located on the edge of Midsomer Norton, provides a step-up service for people living in the community who are experiencing difficulties with their mental health and need support to avoid hospital admission. It also provides a step-down service for those leaving an in-patient setting who would benefit from additional support before returning home.

The Chair asked how and who agreed the six priorities of the BSW Primary and Community Care Delivery Plan.

The Director of Place, B&NES, BSW ICB replied that they were agreed through the engagement work on the Integrated Care Strategy and included liaising with stakeholders across the system, including acute, primary and community care.

She added that the transformation priorities were as expected and that they were seen as part of the golden thread that comes through the Integrated Care Strategy. She said that there was also significant joined up working between the Integrated Care Alliance and the Health & Wellbeing Board.

The Chair asked if there was any political involvement in this process.

The Director of Place, B&NES, BSW ICB replied that there was through the work of the Health & Wellbeing Board and the Integrated Care Partnership.

Kevin Burnett referred to a question from a previous meeting and asked if the Panel could be updated on how the service at the Royal United Hospital Urgent Treatment Centre was progressing following their amendments to it which began on September 4th 2023.

The Director of Place, B&NES, BSW ICB replied that the Urgent Treatment Centre was going well and that no adverse patient impacts had been identified. She added that it would be reviewed after three months.

Kevin Burnett asked if the changes had resulted in any savings on resources.

The Director of Place, B&NES, BSW ICB replied that it has enabled this part of the service to be more efficient, in terms of what resources we put where and when and that it has enabled patients to access care how and when they need it.

Kevin Burnett asked if there was any available update on the Health Infrastructure Plan 2.



The Director of Place, B&NES, BSW ICB apologised for not having an answer on this matter yet and would seek to source an update in due course.

Kevin Burnett asked for confirmation that the BSW ICB have a SEND representative and asked what their role was and how they liaised with other agencies.

The Director of Place, B&NES, BSW ICB replied that Gill May, Chief Nurse has that role and that there are SEND Board representatives in each locality. She added that she is the executive lead for Learning Disabilities & Autism and will attend the Children & Young Persons Programme Board where discussions regarding SEND take place.

Kevin Burnett commented that at a previous meeting it was suggested that officers from the Council meet with the ICB to discuss identification of Young Carers.

He asked if a clear message could be given as to how and when people were expected to contact Prevention / Early Intervention services.

The Director of Place, B&NES, BSW ICB replied that this was partly the driver behind the Primary Care & Community Delivery Plan and the need to have the right access in place. She added that the Community Wellbeing Hub was a flagship for this area and has a role within this work area. She said that she would relay these comments to colleagues in Primary Care within the ICB.

Councillor Liz Hardman referred to the issue of dental services and stated that many local dentists were no longer able to provide a service under the NHS because they were not paid enough. She asked the ICB to explore with the Government whether the pay for B&NES NHS dentists can be improved and whether the changes would see an improvement in services for residents. She added that she welcomed the focus on the areas of greatest need and inequality of access.

The Director of Place, B&NES, BSW ICB replied that there were some structure issues that need to be resolved and that they would seek to report back as soon as possible. She added the intention of the changes is to improve access to services.

Councillor Joanna Wright suggested that the Council write directly to all local NHS dentists and ask them how many patients they have removed from their NHS lists over the past three years.

The Chair suggested that Dental Services forms a report at a future meeting of the Panel.

Councillor Liz Hardman commented that she would also welcome a future report on Pharmacies to the Panel. She asked why Prescriptions Ordering Direct was being stopped in its current form.

The Director of Place, B&NES, BSW ICB replied that it was a service that does not need to be provided and that it was only being used by one practice within B&NES. She added that arrangements have been adapted internally for those practices that do not use POD.

Councillor Hardman asked for clarification on the reductions being made with regard to Discharge to Assess.

The Director of Place, B&NES, BSW ICB replied that this was linked to their Home is Best programme and to support people to be in their own homes for as long as possible and reduce the reliance on bedded care. She stated that they had a target of 36 beds in use and had managed to reduce this to 31 which was a great achievement.

The Chair suggested that the Chair of the ICB could be invited to a future meeting of the Panel.

The Chair thanked the Director of Place, B&NES, BSW ICB for the update on behalf of the Panel.

### **38 ADULT SOCIAL CARE TRANSFORMATION UPDATE**

The Assistant Director for Strategy, Transformation & Governance introduced this item to the Panel and highlighted the following areas from the presentation.

#### Community Services Transformation Programmes Structure

Programme One - ASC Redesign & Community Partners

Programme Two - Public Health

Programme Three - Community Based Integrated Care (B&NES)

#### ASC Transfer of Services (approx. 240 staff)

Key cabinet decision made on 10th November 2022 to transfer services:

4 departments involved in the transfer.

- ASC Social Work Functions (PD01)
- Direct Payments (SD23)
- Learning Disabilities Social Work Functions (SD43)
- Learning Disabilities Provider Provision (SD43)

#### Enabling Workstreams

Workstreams - reporting to Programme One Board

- HR & HR Operations
- IM&T, Systems, Reporting and Information Governance/Data Protection
- Finance & Procurement, including transactional activity sub-groups
- Communications and Engagement
- Operational Redesign

## Governance and Assurance

- Monthly Lead Member Briefing
- Monthly Trade Union Briefing
- Regular updates to CMT and SLT
- Internal Audit July to Sept - Level 4 Substantial Assurance

## Informal HCRG Care Group staff briefings

- Two informal staff briefings sessions held May and June (Adult Social Work Teams and Provider Services)
- Focus of sessions included Transfer of Undertakings (Protection of Employment) - TUPE and what it means for individuals.
- Next sessions booked in November 2023

## Key Milestones and Achievements

- Confirmation of all Terms & Condition's (T&C's) – Sirona, Agenda for Change, Local Government and HCRG Care Group
- Commencement of the payroll build of T&Cs – September 2023
- Creation of seven workstream groups – corporate enabling functions
- Confirmation of all Information Technology equipment requirements across all teams – tender document for the purchase of required equipment drafted – September 2023
- Ongoing due diligence – HR, finance, estates, provider activities, staff training
- Creation of a communications and engagement strategy – workforce, service users & stakeholders

## Next Steps & Key Milestones

- Setting the operational budget for service delivery
- Review of mobilisation costs
- Continued due diligence across Programme One
- Completed review of estates and premises
- Completed review of day services activities – how services operate
- Formal consultation with HCRG Care Group staff

## Internal Audit – ASC Transfer Governance and Programme Management (draft report Sept 2023)

Level 4 – Substantial Assurance – The systems of internal control are good with a number of strengths evident and substantial assurance can be provided as detailed within the Assurance Summary.

## Governance Update & Next Steps

Programme 1 ASC Transfer & Community Partners and Programme 2 Public Health

- B&NES Cabinet 9th November – Update on progress with ASC Transfer and decisions to be taken on model for delivery of services as of April 2025

covering Community Partners and Public Health and decision to participate in ICBC procurement process for Community Health (BSW).

- Proposal to come back to Scrutiny Panel after November 2023 Cabinet decision on future operating model for community services for B&NES.

The Director of Place, Bath and North East Somerset, BSW ICB addressed the Panel.

#### 1 Year Direct Award 2024-2025 – HCRG Care Group (B&NES)

- Single Member Decision implemented 26th July 2023 to endorse the proposal for an interim 1 year arrangement for commissioning of the Community Services contract.
- The 1 year direct award involves B&NES continuing to fund Public Health services and services delivered by Community Partners, along with the continuation of the contributions towards some Health Services as well as funding contribution to Better Care Fund pooled budget arrangement.

#### Contracting Process

- ICB Co-ordinating Commissioner and B&NES Council Co-Commissioner
- ICB leading contract negotiation and process with HCRG Care Group
- BSW ICB Community Services Commissioning Intentions 2024/25 agreed with HCRG Care Group
- No variations to contract including service specifications and Local Quality Schedule

Councillor Joanna Wright asked how many staff were members of a Trade Union and how had discussions with them been received so far.

The Assistant Director for Strategy, Transformation & Governance replied that she did not have those figures to hand, but would report that information back to the Panel. She added that they meet with Trade Unions on a monthly basis with members of the HR team and that the dialogue has been good.

Councillor Wright asked how the new workforce would fit into the Avon Pension Fund following the transfer of services.

The Assistant Director for Strategy, Transformation & Governance replied that they were working diligently with all relevant partners on this issue and that information will be shared with staff regarding this in the November round of briefings.

Councillor Wright asked if a discussion could be held with representatives of the Avon Pension Fund as to whether they could be in a position to make any investment into this service area.

The Assistant Director for Strategy, Transformation & Governance replied that she would need to discuss this with officers within the Avon Pension Fund before a response can be given.

Councillor Liz Hardman commented that many people will be happy to see this process taking place. She asked if in a future report some costs could be shared as she would like to know that if following the transfer, the Council will in anyway be able to save money. She also asked why the 1 Year Direct Award to HCRG was necessary.

The Director of Place, Bath and North East Somerset, BSW ICB replied that the 1 Year Direct Award was put in place to maintain the current service safely and to allow time for a full procurement process. She added that HCRG have worked with all parties very professionally during this process.

Kevin Burnett commented that it was good to see the level of assurance that has been achieved by the programme so far. He asked what they see as their key challenges moving forward.

The Assistant Director for Strategy, Transformation & Governance replied that the volume of staff involved is a challenge, but said that two recent transfers have been undertaken within the Council so they were able to use that previous experience for this process. She said that it was important that the workforce is transferred safely and that there is a continuity of service provision. She added that in future reports they would look to include financial information for the Panel.

Kevin Burnett asked on what terms and conditions will the staff transfer into B&NES on.

The Assistant Director for Strategy, Transformation & Governance replied that they will transfer in on their existing terms and conditions and then at some point a review of these will take place.

Councillor Wright asked if they had considered whether an external audit of this process was required at all.

The Assistant Director for Strategy, Transformation & Governance replied that she would seek advice on that from the Corporate Director for these services.

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

## **39 PEER REVIEW**

The Chair asked for clarification as to why no member of the Scrutiny Panel had been asked to take part in the Peer Review.

Councillor Alison Born commented that the Peer Review was carried out as inspections from the Care Quality Commission (CQC) were due to commence in January 2024. She added that the full Peer Review report was due to be available to be published very soon.

The Assistant Director – Operations introduced this item and highlighted the following areas from within the presentation. She explained that this information was being shared with the Panel in advance of the publication of the full report.

She stated that the Local Government Association (LGA) has been providing this service to Local Authorities in advance of the expected future inspections. She added that Scrutiny Panel and the Health & Wellbeing Board are not normally involved within this LGA Peer Review process.

### Key Messages – Strengths

- Well led organisation with a positive workforce culture built upon mutual respect and values.
- Clear corporate purpose with strong political and corporate leadership in supporting Adult Social Care
- Kind, collegiate, generous staff “we don’t keep a good idea to ourselves”
- Self-aware – no surprises and plans in place to address some of the challenges as reflected in the Self-Assessment
- Partnerships and strong relationships

### Key Messages – Considerations

- How systems, processes and data are used to best effect to inform practice and performance oversight
- Opportunities for further development of practice and oversight through simplification of structures and insourcing plan
- Ambitious plans with many strategic and operational initiatives planned in next 6 months as part of longer-term plan
- To support delivery of plans may wish to consider the range of support and advice that is available externally as well as internal resource required
- Co-production

### CQC Assurance Themes

- Working with people
- Providing support
- Ensuring safety
- Leadership

### Case File Audit Findings – review of 6 cases

#### Strengths

- Safeguarding – Evidence provides reassurance that people are being kept safe and that risks are appropriately identified and managed Robust and well recorded Safeguarding Adults Management (SAM) oversight including clear actions as well as timeframes for the completion of actions. Well written and proportionate safeguarding minutes.
- Learning Disabilities – Very clear evidence of relational practice, taking a person-centred approach and working beyond the boundaries of the Care Act.
- Approved Mental Health Practitioner (AMHP) - Evidence of skilful recording which provides a strong sense of who the human being is balanced with the process, legal literacy and professional opinion.

## Considerations

- Safeguarding – Although there was evidence that people were being involved in safeguarding and that their views were taken into consideration, principles of Making Safeguarding Personal could be further developed and evidenced in the way practitioners record.
- Mental Capacity – More focus is required on Mental Capacity Act and the consistent application of the fundamental principles underpinning legislation and practice. The gravitas of decisions around mental capacity must be given due consideration. Greater consideration of involving Care Act Advocates and Independent Mental Capacity Advocates when appropriate and including them as early on in the intervention with the person as possible.
- Carers – Records reviewed did not evidence a robust approach to supporting carers and recording carers assessments.

## Next Steps

- Receive final report for review and develop plan to address areas for development
- Hold lessons learnt session with team that led, managed and contributed to the Peer Review
- Mid Year Review of ASC Directorate Plan (Nov) to include Peer Review feedback and prioritise areas for development
- Ongoing consideration of transfer of ASC services as of 1st April 2024
- Update Self Assessment Report and publish
- Appointment of a Quality Assurance Lead

The Chair stated that she would welcome the Panel having a future involvement in such reviews.

Councillor Dave Harding referred to page 43 of the agenda and asked if any further comment could be given with regard to the finding that the records reviewed did not evidence a robust approach in the support to carers.

The Assistant Director – Operations replied that there appeared to be a gap in the case notes following the offer of a Carers Assessment referral to the Carers Centre of what the outcomes were of that assessment. She added that they intend to take steps to rectify this.

Councillor Paul Crossley stated that he agreed with the comments made by the Chair at that a Peer Review should hear from many different voices, including that of all the political groups. He said that he would urge the Cabinet Member and officers to include the Panel in any such future reviews.

Councillor Alison Born replied that she would feed that message back to those involved in organising the review.

Kevin Burnett commented that it was good to see the positive initial outcomes and asked if these were as expected and if they now felt ready for any future inspections.

Councillor Alison Born replied that she felt that the Adult Social Care service was already quite self-aware and that not many issues had arisen as part of the review. She stated that she was pleased that assurances had been identified in many areas of the service. She added that they would not be complacent and that they were reasonably well prepared for any future inspections.

Kevin Burnett asked if there were any particular areas that they now felt the need to focus on following the review.

The Assistant Director – Operations replied that a focus would be on completing a successful transfer of services and bringing all staff groups together to provide one service to the residents of B&NES. She added that a refresh of their quality of practice for Social Work and the framework that surrounds that should take place. She said that the framework and support to staff should also be analysed.

Councillor Liz Hardman asked if the ‘ambitious plans’ mentioned within the report would be achievable.

The Assistant Director – Operations replied that as a service they would always seek to ensure that all plans are deliverable and achievable.

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

#### **40 UPDATE ON THE STAFFING POSITION ACROSS OUR CARE HOMES AND WIDER CARE WORKFORCE**

The Senior Commissioner, Community Transformation introduced the report to the Panel. She said that she hoped that it contained within it enough information to give them an understanding of both the services that the Council runs and those that it commissions.

Councillor Michelle O’Doherty asked how sustainable it was to have roughly a third of the workforce over 55 years of age and if it was known why there was a low uptake of staff, only 33%, who have a care qualification. She stated that she would like to see it made more of a highlighted career and would welcome the Panel discussing the issue in more detail at a future meeting.

The Senior Commissioner, Community Transformation replied that the work that has been carried out with United Care B&NES, jointly the Council and the RUH, has been important and contributed to the level of pay and terms and conditions that are in place. She added that they have also worked closely with their provider organisations on the challenges highlighted in the report.

Councillor Joanna Wright referred to section 3.3 of the report and asked what the hourly rate for home care is that meets the thresholds recommended by the Home Care Association.

The Senior Commissioner, Community Transformation replied that it is £25.42 and that this is a combined rate based on hourly, half hourly and weekend/evening shifts.



She added that this was now seen as the Council's starting point and linked to our 'Fair Price of Care'.

Councillor Wright asked if any further comment could be given on the creation of the BSW Academy Domiciliary Care Steering Group.

The Senior Commissioner, Community Transformation replied that the Director of Adult Social Care has led this work alongside the ICB to investigate the concerns and challenges particularly for domiciliary providers. She added that around 12 months ago, following Covid and Brexit, it was very difficult to find domiciliary care provision. She explained that Dr Sarah Green is leading this brief across the ICB to look at how the workforce can be supported under Suzanne Westhead's leadership.

Councillor Wright asked if the work of the Steering Group has proved useful.

The Senior Commissioner, Community Transformation replied that it has and has enabled a range of opportunities to discuss their challenges. She added that there is a high degree of staff turnover to contend with and that this can sometimes add to the issues connected with additional training.

Councillor Wright referred to section 6 of the report, Risk Management, and said she was concerned about the issues mentioned within it.

The Senior Commissioner, Community Transformation replied that she wanted to highlight these issues to the Panel as the number of older people needing care is increasing year on year and the funding associated with that is not likely to keep pace. She added that most of the staff are on the minimum wage for what is a skilled role. She stated that good terms and conditions need to be in place for these members of staff alongside an understanding of what their needs are so that all parties can get the most out of their role.

Councillor Wright asked if staff within this workforce had appropriate access to be part of the Local Government Pension Scheme.

The Senior Commissioner, Community Transformation replied that this was an important to raise in terms of supporting people and enabling our provider organisations to do the same. She added that they have received additional funding recently through the Market Sustainability Fund which shows that the Government has recognised a need to put additional measures in place. She said that providers need to work positively with their staff on this matter.

The Assistant Director – Operations added that B&NES pays above the real living wage and will continue to do so for these members of staff. She stated that they also have access to the Council's pensions scheme and staff benefits.

Councillor Paul Crossley asked what the definition was of a prime or anchor provider.

The Senior Commissioner, Community Transformation replied that this would be significant organisations within the locality such as RUH, HCRG Care Group,

B&NES Council and the Integrated Care Board. She added that these are seen as bodies that influence and engage with others.

Councillor Crossley asked if we have a list of all providers of care within B&NES and asked how they are reviewed and evaluated.

The Senior Commissioner, Community Transformation replied that we do and that it was her role to assess any new providers to assure that they meet the requirements of our framework. She added that each provider is subject to an annual review and are reviewed through RAG (Red, amber, green) ratings when this has been carried out.

Councillor Crossley asked how our pay rates compare to that of the anchor providers.

The Senior Commissioner, Community Transformation replied that it was slightly above and that our terms and conditions are also favourable in terms of pensions and annual leave.

Councillor Crossley asked though why was this still resulting in not being able to recruit enough staff.

The Senior Commissioner, Community Transformation replied that it was not solely always about pay and that timing of shifts, number of hours and locality were also factors that staff would want to consider.

The Assistant Director – Operations added that she believed that all agencies were struggling to recruit and that recently a review of some shift patterns had been carried out for care staff with changes due to be implemented.

Councillor Liz Hardman praised the honesty of the report and said that she was particularly concerned with the following wording - “ongoing risks to the Council in meeting its statutory obligations to provide care and offer this at best value to the individual, the Council and the ICA. The lack of capacity and particularly the growing number of people who need care will continue to bring pressures”. She asked how great are the risks of the Council not meeting its statutory responsibilities.

The Senior Commissioner, Community Transformation replied that it was a real challenge, not just for B&NES, but across the country. She said that care needs to be assessed from both a social care and health perspective. She added that the work that has already been done has seen a reduction in the number of people now waiting in hospital.

Kevin Burnett asked if a point had yet been reached where a package of care had not been able to be delivered and if so, what action was taken.

The Assistant Director - Integrated Commissioning replied that elements such as this were part of ongoing live discussions with national policy makers and funders. She added that last year all Local Authorities were asked to develop a Market System Ability Plan and within that they were asked is there enough money to meet the demands of the market, and the answer nationally was no.

She stated that we need to be clear with the market what we can and can't afford and identify our high risk points. She said that we are paying comparably high figures for our home care, but have chosen to do so as it is better for people to be in their own home for as long as possible. She added that she would welcome input in making self-funding residents aware of when they should begin the process of seeking a formal assessment.

Councillor Alison Born commented that she takes part in regular meetings, arranged by the LGA, with colleagues across the South West and so the issues raised should be fed back to the Government.

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

#### **41 PANEL WORKPLAN**

The Chair introduced this item and noted that the following subjects had been raised during the course of the meeting.

- Invite the Chair of the B&NES, Swindon & Wilshire ICB to a future meeting.
- School Meals (Provision / Cost / Free School Meals take-up)
- Sustainable Care Workforce
- Dental Health
- Pharmacies
- Children with complex needs
- EHCPs (focus on time to access / delivery in place)
- Role of the ICB SEND member across B&NES
- Community Resource Centres consultation
- Adult Social Care self-funders

The meeting ended at 12.20 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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**Children's and Adults Health and Wellbeing Policy Development and Scrutiny Panel –  
9<sup>th</sup> October 2023**

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

**ASC Performance**

The number of people with current long-term services funded by Adult Social Care is **1,872**. In addition to this there are **406** carers with current services funded by Adult Social Care.

There are **48** people currently waiting for a Care Act assessment of their needs, this is an improvement on the previous month of **59**. **457** (from the 1,872) are waiting for an annual review of their needs, again this is an improvement trend from **527**. The average wait is 8 months overdue, and the longest wait is 11 months overdue. All reviews are risk rated and prioritised accordingly.

There are **181** people who are being supported through safeguarding enquiries and we do not have any providers that are subject to large scale safeguarding enquiries.

Our Mental Health teams continue to experience increased demand, approx. 10% month on month. We have received **104** referrals for detention under the Mental Health Act since April 2023 with **97** of those referrals accepted by the Approved Mental Health professionals.

Occupational Therapy assessments is also an area of increased demand with **247** people waiting for Adult Social Care Occupational Therapy input and assessment. This is an increase of **21** from the previous month. All referrals are risk rated and prioritised accordingly and people waiting have a point of contact should their needs become more urgent.

**Finance**

Whilst the number of packages provided continued to be below previous levels during the first part of the year, we are now seeing an increase (average of 25%) in year on year activity. Package costs have also increased during the year (average by 12%), due to the economic and market factors that are currently being experienced across the country. Due to Covid, different arrangements were in place for hospital discharges in 2022-23. During that time funding for hospital discharges was jointly provided with Health and made use of the discharge grants received in 2022/23. Availability of this additional interim funding has reduced the impact of ongoing long-term demand for social care funding. These arrangements have continued in 2023/24, along with other jointly funded and agreed schemes between the Council, ICB and partners, but the number of placements in these arrangements has reduced. More long term placements are now funded by Social Care and this is causing pressure on Social Care budgets.

In addition, 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.

**Local Government Association Peer Review**

Care Quality Commission (CQC) has a new inspection role in relation to Adult Social Care statutory delivery and in preparation for this new inspection regime the Council commissioned the Local Government Association (LGA) to undertake a peer review of Adult Social Care between 12<sup>th</sup> – 14<sup>th</sup> September 2023.

- The peer team read relevant documentation including a self-assessment
- A member of the peer team considered **6** case files which were chosen randomly from across the areas of Adult Social Care
- Throughout the peer challenge the team had more than **36** meetings with over **140** different people from Adult Social Care and partners
- The peer challenge team spent over **184** plus preparation hours with B&NES Council and its documentation, the equivalent of **24.5** working days

### **Key Messages – Strengths**

- Well led organisation with a positive workforce culture built upon mutual respect and values.
- Clear corporate purpose with strong political and corporate leadership in supporting Adult Social Care
- Kind, collegiate, generous staff *“we don’t keep a good idea to ourselves”*
- Self-aware – no surprises and plans in place to address some of the challenges as reflected in the Self-Assessment
- Partnerships and strong relationships

### **Key Messages – Considerations**

- How systems, processes and data are used to best effect to inform practice and performance oversight
- Opportunities for further development of practice and oversight through simplification of structures and insourcing plan
- Ambitious plans with many strategic and operational initiatives planned in next 6 months as part of longer-term plan.
- To support delivery of plans may wish to consider the range of support and advice that is available externally as well as internal resource required.
- Embed our approach to Co-production.

We are awaiting a final report from the Peer Review team (expected no later than mid October) which will inform our directorate service plan going forward and the future operating model for Adult Social Care, following the transfer of services from HCRG Care Group as of 1<sup>st</sup> April 2024. Once we have received the final report from the Peer Review the Self Assessment Report will be updated and published.

### **ASC Provider Services Update**

The council operates 5 Extra Care Schemes, 3 Care Homes (CRCs) and 1 care agency. The 5 extra care schemes remain rated as good by the CQC and the 3 care homes are rated overall requires improvement but with good in key areas such as caring and safety. Our home care service has yet to be inspected by CQC.

The service has undertaken a comprehensive review of its delivery and costs and will be consulting in October and November on our future plans for the service, a final decision will be made via a Single Member Decision in January 2024. Recruitment to the services continues to improve with our vacancies reducing from 70 to 22 across the services.

## **Integrated Commissioning**

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
- Provides an outstanding quality of care
- Is fair and accessible to all who need it, when they need it

Over the past three months we have continued to implement several initiatives aimed to offer greater choice, control, and independence to care users. These initiatives are described below:

- **Community Catalysts working in B&NES**

Strategically, we want to empower people to make their own care and support decisions, as well as ensuring a sustainable, competitive marketplace, with capacity to support the needs of our residents.

To this aim we are working with Community Catalysts as our strategic partner to increase the number of small community enterprises in B&NES that will use their skills and passions to provide a wide range of help and support to local people.

A Community Enterprise is a very small, independent organisation (typically less than 8 full time staff or volunteers) that provides a range of social and health care, supported housing and leisure services. They help people gain a new skill or make new friends, to lead a healthy life or enjoy a leisure activity. They are offered by a wide range of people and organisations in the community, including people who themselves need some support and family carers. They also help people to develop and use their social capital and form a vital part of a diverse local market.

Our recently appointed dedicated B&NES Catalyst is working with three enterprises, supporting them through the development programme, and is engaging with a further ten who have made enquiries. We have recently held two engagement workshops and set up a change group which has membership from statutory and third sector organisations. This is a great start to the project that demonstrates positive interest in this opportunity to ensure that support is community based, builds on strengths, is person-centred, preventative, and affordable.

In addition to this, the direct payment process is being reviewed and promoted by the project group and the direct payment advisors across all operational teams. They aim to ensure that practitioners understand the importance of self-directed support and can see the direct connection to strengths-based working.

- **Age Friendly Communities**

The LD manifesto for the May election included a commitment to develop B&NES as an Age Friendly community. Cllr Born has been in discussion with Simon Allen, CEO of the B&NES branch of Age UK, regarding a local project to support this and he has identified internal funds and applied for grant funding to deliver the work. Age UK will be recruiting a programme lead once the funding is confirmed. The work programme will include:

- Setting up a steering group

- An Ageing Well forum
- Training community research volunteers
- Establishing a baseline position
- Offering a small grants programme

This will help support delivery of 2 of the Health and Well Being Strategy priorities:

Priority 3 – Strengthen compassionate and healthy communities.

Priority 4 – Create health promoting places

Regular updates will be provided to The Health and Well Being Board.

- **Work with the RUH**

The Cabinet lead for Adult Services also has a role as a stakeholder governor at the RUH. The work that B&NES council, HCRG Care Group and third sector providers (working through The Hub) have been doing to improve flow through the RUH was noted and commended at the recent Governor's meeting.

- **New Supported Living Schemes**

Specialist Commissioners have been working with social work colleagues and social landlords Curo and Bromford to develop proposals for two new supported living schemes to enable residents to live independently, with support close to their families, friends, and communities. We are currently out to procurement for a core support provider to provide 24-hour support at these new developments: one at Hygge Park in Keynsham and one at Sulis Down in Bath.

Both schemes will house five individuals with a learning disability and/or autism in their own flats, with space for staff to stay and the individuals to socialise.

We expect the procurement process will conclude later in the autumn and the contract to be in place from January 2024.

- **Support for Unpaid Carers and Co-production**

Unpaid carers play a vital role in enabling people they care for to live with the right care and support at home. We are aware that over the past few years, rates of satisfaction amongst unpaid carers have declined nationally and locally. Our commitment to carers is very strong and we aspire to enable all B&NES carers to feel valued, continue in their caring role if they wish to do so, and to lead their best life.

To this aim we are taking forward two planned pieces of work this year. Firstly, we are preparing for the next national carers survey due to take place in February. This survey will be sent to all carers known to the council to seek a range of quantitative and qualitative information about carers' experiences and quality of life.

Secondly, we have started planning engagement for a new co-produced carers strategy, which is being developed across the autumn. Together with the B&NES Carers Centre and local carer networks, we will be asking carers what is important to them, what would make a difference and use this insight to inform future commissioning plans for carers' support.

We will also be investing Better Care Fund resources, working alongside Health Watch, 3SG and the Community Wellbeing Hub, to increase participation and engagement across the



wider B&NES population. This should ensure that the views of people who have or will be receiving care, influence the development and quality of services.

### **Community Services Transformation**

Through the Single Member Decision taken in July 2023, the Council has endorsed the proposal for an interim contract arrangement for the commissioning of Community Health, Public Health and services delivered by Community Partners. The ICB is the Co-ordinating Commissioner and the Council as the Co-Commissioner for a one-year period from 1<sup>st</sup> April 2024. In B&NES the one year contact is with HCRG Care Group and the one year contracts in Swindon and Wiltshire are also with their existing community providers. The ICB took this decision to allow more time for the community health services procurement process to take place to ensure the best outcome for the process. Services commissioned in this new one year contract arrangement are to be delivered within approved policy and budget frameworks. The ICB as Co-ordinating Commissioner are finalising contract negotiations with HCRG Care Group covering services delivered in Wiltshire and B&NES. Commissioning intentions for services to be included in the new contract have been agreed with HCRG Care Group. The November report to cabinet will include a decision on the council funding position for services included in the 1 year contract award.

The transfer of ASC services back to the Council (Adult Social Work including Direct Payment Team and Learning Disabilities Service) is progressing well to ensure the safe transfer of services on 1<sup>st</sup> April 2024. This project has been subject to Internal Audit between July 2023 and September 2023 and the outcome of the audit is Level 4 - Substantial Assurance. Key findings from the audit review recognise the overall governance and programme management arrangements as being robust and comprehensive, supported by key evidential documentation and records of a high standard with the project team being committed to 'project management excellence'. There will be an update to cabinet in November on progress with ASC transfer.

There will be a decision paper at Cabinet on 9<sup>th</sup> November 2023, outlining the future commissioning arrangements for services delivered by Community Partners and Public Health services as of April 2025. This paper will also outline the future commissioning approach of the ICB to secure the delivery of Children's and Adults Community Health services for B&NES, Wiltshire and Swindon as of April 2025 and a decision for cabinet on the council engagement in the procurement process.

A Decision-Making Paper has been discussed by BSW ICB on 21<sup>st</sup> September 2023 for approval in principle the commencement of the formal initiation of a negotiated procurement process for the future provision of integrated community-based health and care services as of April 2025, subject to scrutiny and assurance by the ICB Finance and Investment Committee 4<sup>th</sup> October 2023.

**Cllr Born – Cabinet Member for Adult Services**

**29<sup>th</sup> September 2023**

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## Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel – Monday 9 October 2023

### BSW ICB Prescriptions Ordering Direct – proposals for the future

BSW ICB has developed a proposal for an organisational change to stop BSW ICB's Prescriptions Ordering Direct (POD) in its current form and look at potential options for the future of repeat prescribing. We look forward to engaging with members on the proposal over the coming weeks.

#### Background and context

- Primary care is one of the most dynamic and innovative parts of the health service and ensuring our busy primary care system across BSW is supported and resourced fairly and equitably is an important focus for BSW ICB.
- Alongside this, we need to make sure we use funding in a way that gives the people we serve the best experience, outcomes, and value for money, and that enables all our GP practices to make it easier and quicker for patients to get the help they need from primary care.
- Following an initial high-level review by the BSW ICB executive management, an organisational change is being proposed to stop Prescriptions Ordering Direct (POD) in its current form, for POD practices and POD care home support.

#### Why is this being considered now?

- A key aim for integrated care systems is equity and it is important that the ICB act fairly and equitably across all partners. For some time, we have been aware that POD is not offered equitably across BSW.
- The context has also changed since POD was first launched in 2017. One of the ambitions set out in the national *Delivery plan for recovering access to primary care* is to enable patients in over 90% of practices to order repeat prescriptions using the NHS App by March 2024. ICBs are being asked to promote use of the NHS App to BSW practices through a communications toolkit [Ordering repeat prescriptions in the NHS App \(promotional pack\) - NHS Digital](#).
- We have looked at scaling POD across the system, however it is clear that the levels of necessary financial support required would not be achievable.

Other POD services have now closed or are in the process of closing across England for very similar reasons.

### **Other options being considered**

- We want to look at alternative options to facilitate repeat prescribing, taking into account the rise of digital solutions to help patients order repeat medication and with practices and community pharmacists playing increasingly important roles in helping patients understand and get the best from their medicines.
- Any new approach would need to be equitable, cost neutral and demonstrate positive outcomes for practices and patients.

### **Engaging with stakeholders**

- We are now actively engaging with our staff ahead of a formal consultation on potential changes to POD. During this period, we would like to offer you and elected members with a role and interest in health services a meeting to discuss the proposal in more detail if helpful.. Our engagement period will run up until 2<sup>nd</sup> November inclusive.
- We have written to all practices across BSW, to get their views as to how this proposal will affect them and their patients and to hear about potential options for the future. We are also planning engagement activity with patients affected by the proposals and would appreciate your advice and counsel on our proposed engagement with patients and the wider community.
- After the engagement period and our consultation with staff, we will consider all comments received from our colleagues, yourselves and other stakeholders and will decide on the way forward. We will also feedback to you the outcome of the consultation and engagement process once we have gathered all the information we need.

### **The BSW Primary and Community Care Delivery Plan (PCCDP)**

The BSW ICB Board has approved a Primary and Community Care Delivery Plan (PCCDP) for BSW.

The PCCDP builds on existing BSW strategies, including the BSW Together Integrated Care Strategy and Implementation Plan as well as national policy and guidance.

It consolidates existing documentation and reflects the engagement work completed with service users, providers and wider stakeholders to identify initiatives and solutions to deliver our ambition.

This delivery plan also incorporates feedback from over 40 stakeholders including primary care GPs, integrated care board (ICB) members, the clinical oversight group, and the integrated community-based care (ICBC) programme.

It sets out a number of priorities to deliver transformation for primary and community care and reflects the engagement work completed with service users, providers and wider stakeholders to identify initiatives and solutions to deliver our ambition.

There will be opportunities for engagement with partners and our communities about how we deliver our transformational priorities.

The six transformation priorities are as follows:

1. Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams. We will build on our existing primary care networks to create more integrated neighbourhoods serviced by providers who can share information, caseloads, and estates to provide more joined up care and the capacity to do so.
2. Adopt a scaled population health management approach by building capacity and knowledge. We will use data and insight to understand our populations better, identify health inequalities, target marginalised groups, and develop initiatives and services that improve access and result in fairer health and outcomes.
3. Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets. We can promote healthier communities and increase healthy life expectancies through better understanding and working with our local communities. We recognise that care and support is best delivered by those who understand the adults and children who live within them.
4. Increase personalisation of care through engaging and empowering our people. We need to shift towards greater prevention and early intervention. We can do so by tailoring our support to a persons' specific needs and using technology advances to provide support in formats that align with individuals' needs and preferences.
5. Improve access to a wider range of services closer to home through greater connection and coordination. We will deliver excellent health and care services closer to people's homes and overcome inequality of access by creating stronger physical and virtual connections between primary and

community care and specialist services.

6. Support access to the right care by providing co-ordinated urgent care within the community. We want emergency care to be for those who need it most and know we can help people to address their urgent needs within the community. This can prevent avoidable admissions and result in better outcomes and experiences.

## Winter planning

As our health and care system continues to experience unrelenting demand challenges and operational pressures, we are continuing to work with our partners to deliver existing demand management and capacity improvement plans.

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

Operationally there continues to be significant joint working in the locality under our Home is Best programme of work which supports patients to remain at home, aims to reduce our reliance on bed-based care and improve patient outcomes and experience.

This approach helps to enable us operationally to manage the system challenges and pressures and, together, we continue to maintain a good flow of people from our acute hospitals to community settings or home.

Working in partnership across health and social care, we are on track to deliver our plans to deliver against targets including reducing the number of the non-criteria to reside in our acutes -currently maintaining a position below our trajectory of 30, significantly reducing our number of discharge to assess beds by 40 per cent, we are currently at 31, exceeding our target of 36.

We have also continued to increase our use of virtual wards- a flagship BSW scheme. A key focus for the coming months is on increasing referrals to the Virtual Ward step-up model through continuing to raise the profile of service.

We will work through the implications of pressures being relieved in one part of the system with pressure then arising in another part of the system. We have key workstreams in place to work through this jointly.

## Community Investment Fund

Good progress has been made with our Community Investment Fund. BSW ICB has been working with five BaNES-based third sector organisations and has awarded grants to Southside Hardship Fund, Julian House, Citizens Advice Bureau, Age UK and West of England Rural Network.

These grants will help some of our most vulnerable communities with cost-of-living support, food and clothing and warm home grants.

This is a key part of our strategy on health inequalities and a demonstrable example of how BSW ICB is working directly with our communities at a local level.

### **BSW VCSE sector partner Bath Mind opens new well-being accommodation for adults experiencing a mental health crisis**

Local Voluntary, Community and Social Enterprise organisation Bath Mind has opened a non-medical house offering wellbeing accommodation for adults experiencing a mental health crisis.

Orchard House, located on the edge of Midsomer Norton, provides a step-up service for people living in the community who are experiencing difficulties with their mental health and need support to avoid hospital admission. It also provides a step-down service for those leaving an in-patient setting who would benefit from additional support before returning home.

The house has been fully refurbished to provide a calm, welcoming environment for up to four people to be supported at a time. Staff work with each person to create an individualised support plan, to develop their coping skills, regain confidence in daily activities and enable them to safely return home; as well as working collaboratively with the individual's mental health team to ensure they have the right support in place when they leave Orchard House.

### **Industrial action**

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

Junior doctors and consultants took part in industrial action from 7am on Monday 2 October to 7am on Thursday 5 October.

For the first time in this ongoing period of industrial action, they were joined by radiographers who will be on strike from 8am on Tuesday 3 October to 8am on Wednesday 4 October.

The strikes had a significant impact on services. BSW ICB worked with partners during the period of industrial action to ensure the smooth running of services and coordinated a public communications campaign to let the public know how to access services and where to look for help.

Plans are in place to ensure the smooth running of services during any further industrial action.

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