BATH AND NORTH EAST SOMERSET

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

Monday, 15th April, 2024

Present:- Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Alex Beaumont, Paul Crossley, Ruth Malloy, Michelle O'Doherty, Lesley Mansell and Joanna Wright

Co-opted Members (non-voting): Chris Batten and Kevin Burnett

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Rebecca Reynolds (Director of Public Health), Ceri Williams (Policy Development & Scrutiny Officer), Paul Scott (Associate Director for Public Health), Lucy Baker (BSW ICB), Theresa Redaniel (ARC West), Jon Banks (ARC West) and Rebecca Wilson (ARC West)

Cabinet Member for Adult Services: Councillor Alison Born

Cabinet Member for Children's Services: Councillor Paul May

108 WELCOME AND INTRODUCTIONS

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

109 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

110 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Dave Harding had sent his apologies to the Panel.

Laura Ambler (BSW ICB) had sent her apologies to the Panel and Lucy Baker (BSW ICB) was present as her substitute.

111 DECLARATIONS OF INTEREST

There were none.

112 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

114 MINUTES: 11TH MARCH 2024

Kevin Burnett raised the following points.

- Attendance of himself and Chris Batten missing from the front page.
- Minute 99: Should read CEO of MAT, not Chair.
- Minute 102: Awaiting Community Summit summary from Director of Education and Safeguarding.
- Minute 105: Amend paragraph 6 to read 'The Head of SEND replied that the applications are put before a multi-agency panel to establish whether (i) the child has SEND and (ii) whether their needs are above the level of what the school can normally provide. She added that they need to see a robust record of the offer of what the school has done.

The Chair informed the Panel that Councillor Dave Harding had contacted her regarding the following amendment.

Councillor Dave Harding commented that a recent survey of 3,500 pharmacists had shown that almost half of them were concerned about having enough staff in place to deliver the Pharmacy First initiative. He asked how the safety and wellbeing of patients would be monitored within B&NES.

With these amendments in mind the Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

115 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel and said she was happy to take questions on the update report that had been provided. A copy of the report will be attached as an online appendix to these minutes.

Kevin Burnett commented that he was pleased that further discussions were taking place with community partners regarding the budget savings and asked if there was a timeline for completing the strategic review of services that they provide.

Councillor Born replied that the process was already underway and that contracts were being reviewed to gain an understanding of the service specification required for contract renewals. She added that the intention is to try to complete the review by September 2024 and that the Panel will be updated on progress where possible.

Councillor Liz Hardman asked what will happen in the next phase of communication with the community partners.

The Director of Adult Social Care replied that the strategic review will take place with the community partners on the services they provide and that principles of future work will be established with them.

She added that a period of procurement would then take place prior to implementation. She welcomed the level of engagement that had been received so far.

Councillor Hardman asked if any further cuts were planned to the Community Support contract.

The Director of Adult Social Care replied that those contracts are currently with HCRG, that the Council was working with them and that they were not expecting to make any further savings. She said that this was an opportunity to try to get more for our money and to focus on early intervention.

Councillor Hardman stated that she was pleased that the Council had passed the recent motion regarding Care Experienced Young People and asked if an update could be provided in six months' time.

Councillor Paul May, Cabinet Member for Children's Services replied that work was already underway and he would provide further information at the next meeting.

Councillor Joanna Wright asked if services are overlapping, will any further investment be required.

Councillor Born replied that they are seeking to see services become more strategic / streamlined and to be able to target funding better. She said that the review will try to make sure that any actions taken will not cost the Council more money in the future.

Councillor Wright asked when the Panel could next be updated on the review.

The Director of Adult Social Care replied that an update could be provided in July / August.

Councillor Ruth Malloy referred to the issue of oral health amongst children and asked what percentage of schools within B&NES had signed up to the Supervised Toothbrush Scheme, delivered by At Home Dental.

The Director of Public Health replied that 18 primary schools and nurseries were eligible to take part in the scheme, 13 are participating, 3 have declined and 2 have yet to respond. She added that this equated to 425 schoolchildren taking part in the 2-year scheme.

Councillor Malloy asked if it was known if how many of the schools taking part are being supported by the St. John's Foundation.

The Director of Public Health replied that she did not have that information to hand and would seek an answer on behalf of the Panel.

Kevin Burnett said that he would welcome a report on the work of the voluntary sector, how the Local Authority engages with them and how they support services provided by the Local Authority. He asked if Charlton House would continue to provide meals to the extra care and sheltered housing tenants in the local area.

The Director of Adult Social Care replied that it would. She suggested whether the voluntary organisation 3SG could be invited to the June meeting to explain their role further.

Kevin Burnett asked if the Schools Health and Wellbeing Survey has replaced the SHEU survey and whether it includes the topics of Social Media and Mental Health.

The Director of Public Health replied that it has and will take place every two years. She added that it was now funded by the St. John's Foundation.

Kevin Burnett asked what the eligibility criteria was for taking part in the Supervised Toothbrush Scheme.

The Director of Public Health replied that it was focussing on the six most deprived areas in B&NES.

Kevin Burnett asked who was leading on the Whole System Health Improvement Framework and what the timeline / success criteria was.

The Director of Public Health replied that it was being led by Annette Luker, Public Health Consultant along with Hannah Thornton, Public Health Registrar, and with other colleagues, partners, and organisations and that a report is scheduled to go to the Health & Wellbeing Board in either June or July.

She added that the work has sought recognition and an agreement as a system to work in a collaborative, integrated way using a whole-systems approach to health improvement.

Kevin Burnett asked if the 'Excellent' rating as a Public Health training location secured any additional funding.

The Director of Public Health replied that it did not.

Kevin Burnett asked if the Food Insecurity research was part of the Food Equality Action Plan and what benefit is to be achieved through the use of the toolkit.

The Director of Public Health replied that it was part of the work surrounding Food Equity and was being led by Bath University. She said that the aim of the toolkit is to have in place a good practice guide for local organisations to follow on this issue.

Councillor Liz Hardman asked how confident they were that bringing the Minor Adaptations Service in-house would improve the service.

The Director of Adult Social Care replied that not all of the scoping work had been completed yet, but there is a good infrastructure in place with the Housing department. She said that investment in the service was also likely alongside the use of AI and other technology to make the service become more efficient.

The Chair asked if the use of allotments was part of the Food Insecurity work.

The Director of Public Health replied that she was aware that this had been considered by the Food Equity Group, but was not an area that Public Health were leading on.

The Chair commented that she was concerned about the schools that were not taking part in the Supervised Toothbrush Scheme and asked if any consideration had been given to becoming involved with the Dental Bus initiative that is in place in other areas in the country.

Lucy Baker, BSW ICB replied that £700,000 has been earmarked for a Dental Bus to be used in B&NES, Swindon & Wiltshire, which would be an all-age facility. She added that the development plan was currently being worked upon.

The Chair asked if there were plans to fit solar panels to the site of the Culverhay Sports Centre in line with the work that has been carried out on Bath Sports Centre.

Councillor Paul May replied that the site has not been formally approved yet as part of the DfE proposal relating to a Free School / Alternative Provision and said that a Cabinet decision was required. He said that once that was in place discussions could begin about the detail of what was to be put in place on the site. He added that he had requested that a decision be drafted that could be taken to the Cabinet meeting on 9th May.

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

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

Lucy Baker, BSW ICB addressed the Panel and said she was happy to take questions on the update report that had been provided. A copy of the report will be attached as an online appendix to these minutes.

Councillor Michelle O'Doherty wished to share a recent experience of attending the A&E department at the RUH. She explained that initially she had taken her son to Paulton Minor Injuries Unit only to find out that there was no X-ray service available on that day. They then returned to the RUH and had a 7 hour wait before being seen. She said that whilst there she noticed at least 15 ambulances waiting outside the A&E.

She asked what services were in place for patients that don't need to attend A&E and what is being done to address the backlog of ambulances waiting to deliver their patients.

Lucy Baker replied that a huge amount of work is being done to try to address the issue of ambulance backlog at A&E and that over the past 4-6 weeks the waiting time had reduced.

She said that a review of what services can be provided at the Minor Injuries Units was ongoing and that it does have provision of an X-ray service, but might not have been possible on this occasion due to staffing levels.

She advised that a separate Urgent Treatment Centre is available through contacting the 111 service to book an appointment.

She explained that discussions relating to forming a plan for future provision were due to begin next week with colleagues from Primary Care, Clinicians from A&E and the Urgent Treatment Centre and Community Clinicians.

Councillor O'Doherty said that she had called 111 and the option of the Urgent Treatment Centre at the RUH was not mentioned, they were advised to go to Paulton. She questioned whether having it on the RUH site was the most appropriate location as people would almost naturally go to A&E instead.

Lucy Baker replied that it has been acknowledged that more could be done to make the public aware of the Urgent Treatment Centre. She said that when contact is made through 111 the operator can access a directory of services, of which the Urgent Treatment Centre is one of them, and this now has a separate flow to those patients trying to access A&E. She said that updates on progress can be provided to the Panel.

Councillor Lesley Mansell asked if the Panel could be informed of who was in contention to being awarded the Community Health contract and what form of public consultation will take place.

Lucy Baker replied that as a live procurement process was ongoing, she was unable to provide any further comment.

Councillor Paul Crossley asked if a reply in principle regarding consultation could be given.

Lucy Baker said that in principle they would work with the public on this matter at some stage. She added that more information could be shared when allowed and this might be in July / August. She added that feedback on community provision is gathered on a regular basis.

The Director of Adult Social Care added that it was hoped that a preferred bidder would be identified by September and at that point the Panel could potentially review the process, but she stated that it is a procurement by the ICB, not the Council.

Councillor Mansell asked if feedback would be in the form of a survey or through an in-person Q&A session.

Lucy Baker replied that her comment regarding feedback was not in relation to the procurement, but in terms of the current provision, how they have discussions with friends, family and individual patients and also via questionnaires.

Councillor Mansell asked if an update could be given on how our local hospitals are working together to share ideas on service transformation and provision.

Lucy Baker replied that within B&NES, Swindon & Wiltshire there is the Acute Hospital Alliance (RUH Bath, Great Western Hospital Swindon and Salisbury Foundation Trust) who work together as a group on matters from clinical pathways to back-office savings.

Councillor Liz Hardman referred to subject of GP surgeries and how difficult it is for people to get an appointment. She said that she was proud of the Paulton Minor Injuries Unit, but acknowledged that some services are not always available. She asked if the Panel could be updated on how this situation is planned to improve.

Lucy Baker replied that work is ongoing regarding access to Primary Care and that she would be prepared to bring something further back to the Panel at a future meeting. She added that part of that work was around the triage of patients when they contact their GP as in some cases it would be more beneficial for them to see a pharmacist or a Mental Health professional rather than a GP.

Councillor Hardman suggested whether a code could be given to patients who are asked by their GP to contact them within a few days if symptoms still persist rather than starting from the beginning of the process again.

Lucy Baker replied that she was aware that some practices do use text messaging and other forms of technology to communicate directly with their GP, but she was conscious that not all patients would be digitally able. She proposed whether a GP lead could attend a future meeting to give a more direct account.

Councillor Paul May commented that the Local Plan process was currently ongoing which could see a further 10,000 – 16,000 homes within B&NES and wanted to raise the potential impact this would have on local GPs. He said that he had already raised the matter with the ICB.

Councillor Ruth Malloy referred to an incident that she had been made aware of where a member of the public had requested a home visit from their GP and was told that this would not be possible, so they had to call for an ambulance.

She asked if it was known whether this occurs on a regular basis.

Lucy Baker replied that home visits by GPs is quite a historical model of care and that now, nationally and locally, there is a system used called the Virtual Ward which allows for hospital level care to be delivered at home.

She added that either a Doctor, Paramedic or an Enhanced Care Practitioner Nurse would carry out an assessment at home and would also be able to administer oxygen and intravenous medication whilst being monitored by the Virtual Ward.

Councillor Mansell asked if the issue of repeat prescriptions could be included in any future update report as she was aware that some members of the public were finding themselves going round in circles to obtain their medication.

Lucy Baker replied that the direction of travel on this matter is to use the NHS app to request repeat prescriptions. She acknowledged that there could be more work to do to make the public aware of this process and to support them with their access to health care.

Councillor Wright referred to a recent matter involving a family member where following surgery they were asked to attend their local doctor for follow up care. She explained that they were then actually told that they needed to be treated in Paulton

despite the person in question not being able to travel that distance due to the surgery carried out.

She stated that this was not a reasonable service to expect and that all parties should know and be aware of what information has been given to a patient relating to their ongoing care.

Lucy Baker replied that any patient having had either emergency or elective surgery should be given a Patient Initiated Follow Up (PIFU) that does not require them to go through their GP for access to care after a surgical procedure.

She added that case studies are used regularly for learning within the NHS and that as part of a future report she would enquire as to how they are used within Primary Care.

Kevin Burnett asked at what point in the triage service does the level of knowledge or skill reach the level of a doctor, acknowledging that there needs to be a degree of experience to be able to ask the right questions.

Lucy Baker replied that within the Primary Access report they would seek to include information on examples of what GPs are doing locally in terms of providing a triage service.

Kevin Burnett asked if medical services within the RUH were still working under a rating of 'Requires Improvement'.

Lucy Baker replied that she would respond separately on that issue to the Panel in due course.

Kevin Burnett said that despite receiving a written answer he was still not clear on the roles and responsibilities of the ICB SEND Representative and whether their role involved connecting services or seeking additional resources. He commented that there was also an ongoing DfE Change Programme relating to SEND and asked if the ICB was involved in that in terms of B&NES.

Lucy Baker replied that it was the Chief Nurse who has that role within the ICB and she would ask if further information on the role could be shared with the Panel. She added that she would also pursue a response regarding the DfE Change Programme.

She said that a lot of work regarding the SEND agenda was ongoing locally, including the Partnerships for Inclusion of Neurodiversity in Schools (PINS) which was working with 40 schools across the BSW footprint.

Kevin Burnett asked if any further comment could be given regarding pharmacies and their current capacity levels.

Lucy Baker replied that until recently the ICB did not have pharmacies within their area of responsibility, it had been under NHS England. She added that a Pharmacy Strategy was in the process of being developed and could provide an update to a future meeting.

Councillor Paul Crossley commented that he regularly uses the NHS app and encouraged those who can to download and use it.

The Chair commented that the number of students within B&NES has increased to around 25,000 and that this must also add to the pressure on GP services locally.

Lucy Baker replied that she had recently met with the GP lead at the University of Bath practice, and they are doing some particular work with students who have an autism diagnosis and access to medication. She added that with regard to overall capacity concerning student numbers she would provide an answer to the Panel outside of the meeting.

The Chair asked if the Police were involved in the work the ICB does regarding Mental Health issues.

Lucy Baker replied that they are and that they work closely and collaboratively with both Police Forces within the BSW footprint. She added that there is an ongoing national piece of work relating to the role of the police when attending a mental health incident.

The Chair, on behalf of the Panel, thanked Lucy for the update report and attending the meeting.

117 COVID-19 - CARE HOMES STUDY

Councillor Alison Born introduced this item to the Panel. She explained that this report follows on from the interim report that had been previously submitted to the Panel that looked at a wider section of data regarding the pandemic and showed that whilst there was a higher than expected number of deaths within Care Homes, there was a low number of deaths within hospitals from Covid-19.

She said that this was a pattern that had been in place for some time locally with many people choosing for their end-of-life care to be with their own home or place of residence.

She said that a decision was taken to ask for an independent review to be undertaken to look at more detailed local data, and also qualitative data by speaking to people who had been working in the Care Homes during the pandemic. She added that she did not feel that any large concerns had been identified in the report, but that it does give an insight into what it was like at the time and what points can be learned in preparation for any such events in the future.

Theresa Redaniel addressed the Panel and shared some presentation slides. These slides will be attached as an online appendix to these minutes, a summary is set out below.

<u>What is an Applied Research Collaboration or ARC?</u>

- Funded by the National Institute for Health and Care Research (NIHR), the nation's largest funder of health and care research.
- ARCs support applied health and care research that responds to the needs of local populations and health and care systems.
- NIHR ARC West is one of 15 ARCs across England, part of a £135 million investment by the NIHR over five years.
- Collaborations of local partners, including providers of NHS and care services, commissioners, local authorities, universities, companies and charities.
- The research is done in collaboration with the partners as well as the public and communities.

What is applied research?

- Applied health research aims to address the immediate issues facing the health and social care system.
- ARC researchers do research that addresses the needs of the health and care system, the people who use services and other communities.

The research problem

- Impact of COVID in care homes – cases 13 times higher than in the community.
- Vulnerable population – higher risk of death & high number of deaths in care homes.
- High death rates in care homes in B&NES – in comparison with similar areas.

The research aims

- Determine why B&NES appears to have higher death rates from COVID in care homes compared to other locations.
- Whether there are specific risk factors associated with COVID-19 infections and deaths in care-homes within B&NES.
- To examine what learning from the first and second wave of the pandemic can be used to improve policy and practice.

Study design

- Quantitative
    - Risk factors for high COVID infection rates/death, e.g.
        - Care home size / Care home type / Care home ownership / Engagement with B&NES Council / Plus eight others
    - Care-home level data supplied by B&NES (Second COVID wave)
    - Association between risk factors and infection/death rates
- Qualitative
    - Semi-structured interviews with care home staff
    - Sample of care homes of different sizes/types
    - Participants and data to be fully anonymised in reports.

- Presented as documenting experience to learn rather than an audit of practice.
- Draw on findings from the quantitative research to explore in detail.

Challenges

- Quantitative

  - Data quantity
    - Small number of care homes in the sample
    - Only covers a limited period (Sept 2020 – Feb 2021)
    - No data from comparator areas

  Data quality
    - Only data at care home level is available.
    - Not data on variables such as actual number of residents in the care homes, use of agency staff, vaccination status, staff infection rates or staff working across different sites.

- Qualitative

  - Care home recruitment.
    - Staff shortages – research not prioritised.
    - Staff changes - managers and staff in post during pandemic moved on.

  Study design change
  - Recruit outside B&NES WHY?
  - Interviews in B&NES - interesting and valuable data but B&NES recruitment stalled - data spoke to issues within and beyond B&NES
  - Decision to build on these data and recruit across ARC West patch.
  - Inform and reflect on management of COVID in care homes in general.

Jon Banks addressed the Panel on the following section of the presentation.

Results – Quantitative

- 33 care homes included in analysis (Sept 2020 – Feb 2021)

- Total 290 COVID-19 cases
- Average weekly cases = 0.35 (range 0-16) / Average age was 85 years / 71% female

- Total 101 COVID-related deaths
- Average weekly deaths = 0.12 (range 0-6) / Average age was 89 years / 64% female

COVID-19 cases
- Medium and large care homes were at greater risk.

- Managers in post for less than a year were associated with fewer cases.

Results – Qualitative

- Recruitment and analysis
    - 5 care homes
    - 14 interviews (managers and support staff)
    - Data analysed thematically.

- Key themes – focus on
    - Infection prevention & control policies
    - Guidance and legislation
    - Relationships with outside bodies (local authorities and health services)
    - The psycho-social aspects of lockdown
    - Reorientation of practice

Note – data presented represent participants' views and experiences rather than an audit of practice or behaviour – a reflection of how staff in care homes saw and experienced the pandemic.

Jon Banks shared a series of quotes with the Panel that had been gathered as part of the study.

Summary and learning

Results indicate …

- Care homes practices & behaviour did not contribute to the B&NES pandemic death rates.
- Staffing shortages - biggest challenge.
- Building layout and structure mitigated against resident isolation policies.
- Looking forward - More autonomy to balance infection control and psychosocial wellbeing.

- Support and maintain lines of communication.
    - Reduce feelings of care homes feeling abandoned.
    - Reduce confusion caused by multiple sources of information.

Kevin Burnett referred to section 3.15 of the covering report and asked who was responsible for taking these learning points forward.

The Associate Director for Public Health replied that these points have been shared with colleagues in Adult Social Care and it will be for them to take forward as part of future work around infection control / pandemic planning.

The Director of Adult Social Care added that they could provide an update as part of the Transformation Programme in September.

Jon Banks said that the study would also be published in a policy making journal to feed into policy at a wider level.

Kevin Burnett asked how the Care Homes and the ICB are involved in taking this work forward.

The Director of Adult Social Care replied that they meet with all Care Homes on a regular basis and discuss issues relating to culture, leadership and infection control. She said that they have a joint approach to this work with the ICB who also take part in visiting them alongside a colleague from the Council.

Kevin Burnett asked if any degree of autonomy could be given to Care Homes in the future with regard to procedures to follow in future pandemics.

The Director of Adult Social Care replied that this would be difficult as all homes are inspected and governed by the CQC and therefore not many factors would be within our gift.

She added that B&NES was in a good position regarding the range of Care Homes that are available in the area with 77% rated as either good or outstanding. She said that a significant amount of leadership and co-production is carried out with the residents.

Councillor Born added said that the issues relating to isolation -v- social cost and the guidelines that were set down by central government should be analysed as part of the Covid Inquiry and consideration given as to whether they could be more balanced in the future.

Kevin Burnett asked if individual Care Home plans were required.

The Director of Adult Social Care replied that the Council has provided information to the Covid Inquiry and said that there was a standard approach that was adopted for visitors and regarding PPE that would be difficult to go against if this was again advised nationally.

The Director of Public Health stated that all Local Authorities have been approached to provide feedback into the Covid Inquiry. She added that during the pandemic staff followed the national guidance and worked as collaboratively as possible with Care Home managers to put that into practice.

Councillor Liz Hardman asked if following the research that has taken place, is there a plan in place for future pandemics that will protect the residents and staff in our Care Homes.

The Associate Director for Public Health replied that the pattern of a high percentage of Care Home deaths and low percentage of hospital deaths has been in place for around the past 10 years. He added that the percentage of deaths in hospital was decreasing year on year which he suspected was due to more individual care planning being in place.

He informed the Panel that B&NES has a low rate of hospital admissions from Care Homes when compared to other Councils.

Councillor Hardman asked whether the scenario of patients being discharged from hospital into Care Homes had been a factor in the figures locally.

The Associate Director for Public Health replied that no association with this scenario had been found in the study.

The Director of Public Health added that they would be learning from the national Covid Inquiry to inform future planning. She added that at a local level, reviews have taken place and a document has been produced entitled ‘Living safely and fairly with Covid’.

She said that work has also been done to plan on how such a similar event would be escalated, but a lot would depend on a national plan including access to testing, PPE and funding for those who have to self-isolate.

Councillor Paul Crossley asked if any action was recommended if any outliers were identified during the course of the study.

Jon Banks replied that 5 Care Homes were involved in the study and that no exceptional information had been identified. He added that it was also not within their remit to take such action.

Councillor Crossley asked if there had been any refusal to take part in the study.

Jon Banks replied that the Care Homes that took part were invited to do so after expressing an interest and that there was no pressure to do so.

Councillor Crossley asked if any lessons could be taken from the study regarding social isolation.

Jon Banks replied that the study has been able to give a voice to staff on how they perceived the impact of the pandemic. He added that consideration needs to be given to how we approach further incidents of this nature.

Paul Scott added that this study and other pieces of work need to be reflected upon and the impact such as decisions regarding keeping children away from school have had, whilst recognising the need to keep people as safe as possible.

Councillor Crossley commented that it was felt that as a country we were two weeks late in taking information about the virus seriously and asked if there was a guide now for how we should be prepared for another such event.

The Director of Public Health replied that guidance is expected following the conclusion of the national inquiry and that examples of good practice have already been established.

Councillor Crossley how was it possible for there to be contradictory advice being given when there were nightly broadcasts regarding the latest available information.

The Director of Public Health replied that elements such as this were again expected to be addressed within the national inquiry. She said that she felt that messages and guidance became clearer the longer the pandemic lasted.

She added that specific advice relating to Care Homes was not given initially with the focus being on general infection control and prevention. She said that it was important for information and messages to be agreed corporately so that all departments / sectors, including Public Health and Adult Social Care, are aligned.

Councillor Wright commented that she found the quotes within the report to be powerful and recalled at the time a case of a resident moving to be near a relative living in a Care Home and was then not able to see them and the lasting impact that this has had on them. She said that instances like this should not happen again.

Jon Banks said that ARC West want to see changes following their research and intend to do their upmost to make sure our work has an impact on future policies.

Councillor Wright commented that the matter of excess deaths locally was still to be fully understood. She said that it was recognised that the public needs to be protected when another similar event occurs, but queried the balancing factors between the financial cost -v- emotional cost as she believed that pain within communities still exists following the pandemic.

The Director of Adult Social Care said that the staff now working within our Care Homes are experts in infection control and that as a department they will work with Public Health on how to progress with these findings. She added that she would like to take this opportunity to thank all those who have and continue to work in our Care Homes for all their work, especially under such circumstances during the pandemic.

Councillor Mansell asked if the study took account of whether staff moved between hospitals and care homes and whether that had any impact. She added that there needs to be consistency over advice for whenever another such event occurs.

Theresa Redaniel replied that they did not have access to hospital staff data as part of the study.

The Associate Director for Public Health added that data relating to agency staff was also not available for the study.

Councillor Malloy asked if the overall age of Care Home residents was considered as a contributing factor locally.

The Associate Director for Public Health replied that we do know that within B&NES we have a higher percentage of nursing home beds per head of population than residential beds and that could be seen as a factor in the number of deaths that occurred.

Councillor Hardman said that she would like to suggest a recommendation 2.3 that seeks to adopt the learning points that were listed within the covering report at section 3.15.

i) Staffing shortages was the biggest challenge identified by the care home staff. This is an ongoing issue with no clear answer. However, we would urge policy makers at government and local authority level to develop contingency plans that will enable care homes to be supported with emergency staff cover for pandemics and other unexpected events.

ii) Isolation and infection control: building layout and structure mitigated against some of the recommended policies for isolating infected residents. In partnership with local authorities care homes could develop and regularly update infection and prevention control plans that are particular to their setting.

iii) More consideration and autonomy could be given to care homes to enable them to find the right balance between infection control measures and the psychosocial wellbeing of their residents. There was a strong feeling that the measures imposed to support infection control went too far in removing the social aspects of resident's lives, especially in homes with a significant proportion of people living with dementia.

iv) A key aspect to diminish the feelings of abandonment and isolation is to support and maintain lines of communication especially around policy and guidance where multiple sources of information led to confusion and uncertainty.

v) Thank ARC West for their report and the staff within our Care Homes and their respective families for all their work, effort, commitment and sacrifice during the pandemic.

vi) These recommendations are to be considered alongside any findings and actions that are proposed following the conclusion of the national Covid inquiry.

vii) The Panel requests an update report to their September meeting on the implementation of these recommendations.

These recommendations were seconded by Councillor Crossley.

The Panel **RESOLVED** unanimously to note the findings of the work undertaken by NIHR ARC West, as well as the previous analysis brought to PDS in 2023 and to approve the recommendations set out above from Councillor Hardman.

118 PANEL WORKPLAN

The Chair introduced this item to the Panel. Following a brief discussion, the items below were identified as potential reports to be added to their workplan.

- Update on Covid-19 study
- GP Triage service / repeat prescriptions
- Care Experienced Young People (Cabinet Member Update)
- 3SG invite (June meeting)

- Dental Bus
- A&E avoidable admissions
- Primary Care Access
- Former Culverhay site
- Suicide Prevention Strategy
- Schools Health and Wellbeing Survey results
- Public Health - Whole system improvement work
- ICB Children & Young People Programme (inc. Mental Health & Social Media)

Councillor Wright asked if some joint working could take place regarding School Streets.

The Policy Development & Scrutiny Officer replied that this was a matter due to be discussed at the May meeting of the Climate Emergency PDS Panel. He added that they could discuss at the next Chairs & Vice-Chairs meeting whether any joint working should take place.

The meeting ended at 12.33 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Lead Member Update Report – Children's and Adults Health and Wellbeing Policy Development and Scrutiny Panel April 2024

Adult Services Update

Community Resource Centre

Following the Cabinet decision on 8th February 2024 to cease to operate Charlton House as a nursing home and to enhance the offer in Cleeve Court and Combe Lea Care homes, Charlton house was deregistered at the end of March 2024.

Combe Lea – There are no bed vacancies at Combe Lea. 2 rooms are held as respite or for emergencies as we have seen a steady increase in the need for this type of service over the last few months, with emergency admissions taking place within a few hours. We continue to develop proposals for the use of the day service space at Combe Lea by community partners.

Cleeve Court – Cleeve Court has 12 bed vacancies due to our ongoing recruitment challenges but we are working towards a full staffing establishment with live adverts and several redeployed staff are joining the service. In the meantime, we continue to admit 1 person a week and offer emergency admissions and respite. We continue to develop the use of the space at Cleeve Court by the community, for example, a recent carers engagement event was hosted by Cleeve Court.

Charlton House - The 10 remaining residents all moved successfully to 4 different homes in locations of their choice, all settled well and Charlton House staff undertook at least 2 visits to each of our former residents to ensure that the new placements were working well.

A full staff consultation took place with the 28 staff impacted by the deregistration of Charlton house. 12 staff have been redeployed to other services within the council, 3 staff on nurse apprenticeships have been seconded to partner organisations to complete their training. 5 staff were nearing retirement and therefore a small redundancy payment was made in order that the staff could progress with retirement.

As the services had taken a decision to not provide nursing care in the future, 3 nursing staff received a redundancy payment, all have secured new employment in B&NES nursing care homes. A further 5 staff chose redundancy as opposed to a redeployment option in line with our HR policy.

The building will remain as part of the Adult Social Care portfolio until such time as the hand over to children's services takes place. Adult services continue to operate the kitchen at Charlton House to provide meals to the extra care and sheltered housing tenants in the local area. The feasibility study looking at requirement scope, costs and programme to remodel Charlton House is currently being carried out and it is expected that the report will be available mid May.

The feasibility report will enable us to give an estimation of timescale for start and completion of works taking into consideration planning consent for change of use of the building, funding approval process, tendering process for the works and the actual build. At this early stage it is anticipated that works could start September 2024 and on the basis of completed DFE registration the new provision could be open for September 2025, but these are provisional dates only at this early stage.

United Care B&NES

The United Care B&NES (UCB) Contract came into effect on the 6th of June 2022 as a two year pilot. The pilot was ended two months early (31st March 2024) by mutual agreement of B&NES Council and the RUH.

The reason for this was because the pilot had achieved what it was set out to do. Firstly, to respond to the lack of local home care provision by filling the gap and support timely discharge from hospital, and secondly, to stimulate the market and enable competition for other home care providers to support the council's framework contract.

All service users of which there were 14 have been provided with alternative care providers and all care packages are working well. Following relevant consultations with staff employed in UCB 3 B&NES staff have been re-deployed to other B&NES services and the 16 staff seconded from RUH staff have all been redeployed in the RUH.

ASC Transfer from HCRG Care Group

On 1 April 2024, ASC Adult Social Work, Direct Payment Team and Adults with Learning Disabilities Day services (based at Carrswood, Twerton and Connections, Radstock) and 237 staff successfully transferred to B&NES Council from HCRG Care Group with no disruption to service users.

As anticipated, the majority of the minor issues reported in week one were IT related. However, these have been responded to quickly as IT have deployed floor walkers at each of the base locations to respond and address issues as they arise. This level of support has worked well and has been well received.

To facilitate the transfer, all managers have been paired with 'buddies' to support and provide guidance with new ways of working in B&NES. There are daily manager huddles set up with the Assistant Director of Operations to raise and resolve any transfer-related issues. Feedback from the transferring staff has included the warm and positive welcome received from B&NES, good levels of support to resolve operational issues and a well planned welcome and induction programme.

On Thursday 4 April, Will Godfrey and Suzanne Westhead spent the day visiting all staff across all sites, this also included the existing Adult Social Care teams.

Waiting Times

On the 24th March 2024 the Health Service Journal (HSJ) published an article regarding waiting times for assessment which stated**;**

"*Last summer the Department of Health and Social Care collected data from councils for the first time in at least a decade.* ***Following a freedom of information request by*** **HSJ,** ***figures were released indicating average waits of up to 149 days*** *in areas such as Bath and North East Somerset. Notably, 25 out of 85 councils reported waiting periods of two months or more. Regions with long delays in care provision, such as Somerset, Liverpool, Sussex, and Cornwall, have also faced issues such as hospital discharge delays and broader NHS challenges. Factors like rural settings, recruitment difficulties, increasing demand and ageing populations contribute to social care and NHS pressures."*

A link to the full article is below.

https://www.hsj.co.uk/daily-insight/daily-insight-the-waiting-game/7036862.article#:~:text=Following%20a%20freedom%20of%20information,Bath%20and%20North%20East%20Somerset.

The figures quoted by the HSJ are now 14 months old and do not represent the current wating times in B&NES which are:

- Last month 49 people were waiting for a Care Act Assessment by community teams with 41 of those waiting for longer than 28 days
- 37 people were waiting for a Care Act Assessment following a stay in an intermediate care bed or reablement with 21 people waiting for more than 28 days, all people waiting have either interim care in place or have been offered advice and support.
- All people waiting have been risk assessed and prioritised

An urgent piece of work has started that will ensure that our data is accurate and that any people that have been waiting for longer that 28 days are risk assessed and prioritised in line with our risk management tools.

Update on planning application for the Englishcombe Lane Supported Housing

The Englishcombe Lane project is a proposal to develop a 16-home supported housing scheme on land to the rear of 89-123 Englishcombe Lane, Bath. Our vision is to provide an attractive, high-quality scheme which addresses the shortage of supported living provision specially adapted to support adults with autism and learning disabilities and uses sensitive and considered design to respond to the local environment.

This will be a life-changing scheme for its residents, enabling them to live independently with appropriate care and support in their own homes.

Building with Nature guidance has been used to inform the site layout and respond to constraints, working with the site's ecology, hydrology and geology to create a design which has landscape and sustainability at its core.

A two-week period of public consultation on emerging design proposals ran from 11th March to 22 March. It included a well-attended Public Exhibition on 13th March 2024 in St Luke's Church Centre, Bath. The event supported by the Arcadis design group and the housing team attracted approximately 40 residents and other stakeholders interested in this development. Visitors to the event were able to express their thoughts and views on the plans for the site on the day in person and by completing a survey.

The planning application was submitted to the local planning authority for determination at the end of March 2024. This included a whole range of supporting documents, including the outcomes of drainage and flood-risk assessments, ecology appraisals and landscaping strategy. There is a further opportunity for public consultation as part of the formal planning process. Determination of the planning process is expected in summer 2024 (indicative date).

Further information about this development is available on the project website accessible at this link: Englishcombe Lane Supported Housing

Update Sulis Down and Hygge Park

B&NES' housing team and commissioners from the specialist team have been responsible for overseeing the construction and implementation of two new build Supported Living Developments specially adapted to support adults with learning disabilities and autism, and sourcing the social care provider that will be delivering the support service within the developments. The developments are now nearing completion as follows:

Sulis Down, Bath

Landlord: Bromford

This scheme was completed on 21st March 2024.

Hygge Park, Keynsham

Landlord: Curo

This scheme is due for completion on the 17th April 2024

The social care provider, Affinity Trust, successfully tendered for the contract with an implementation plan that contained a 12-week recruitment timeframe to recruit staff to deliver services within the scheme. As part of this process, the provider plans to skills match their newly recruited care staff with the individuals that they would be supporting. Recruitment is progressing well with most of the team already in place and staff induction and training taking place over the next 5 weeks.

Nominations for the first group of tenants to move into these new flats have been agreed. Social care colleagues, commissioners and Affinity Trust are working with prospective tenants and their families to plan a safe person-centred move into their new home, starting from 7th May 2024. Following best practice tenants will move into their new home in a phased approach and timescales for this are being reviewed by social care and commissioners.

This has been possible thanks to a partnership programme with Bromford, Curo and Affinity Trust with ongoing investment from adult social care and housing to support people to live well and independently within their own communities.

Provision of Minor Adaptations

On Monday, 25th March 2024, I took a single member decision to in-house the Minor Adaptations Service from 1 October 2024 and to facilitate the safe transition of the service through a six-month direct award for the current service.

Minor adaptations are smaller home adaptations that aid personal independence and mobility. They include items such as grab rails, stair rails, ramps, and key safes.

Such provision is covered by the Care Act 2014, with a specific requirement to ensure individuals can access such adaptations free of charge up to a maximum cost of £1,000. As such the local authority has a legal duty to fund this provision.

The service is currently provided by We Care Home Improvements and was reviewed last year in response to rising demand and operational costs, including a significant increase in cost of materials such as steel.

A similar single member decision was taken in 2021, to bring the Community Equipment service back in-house. Therefore, we already have a team of experienced staff with good

knowledge of minor adaptations working within the council. The decision to also bring the minor adaptations service in-house offers opportunities for better commissioning and budget oversight, economies of scale, scrutiny of high-cost referrals and property tenure checks to ensure that we are not providing a service where it is the responsibility of another organisation.

Safe and well-planned transition to new arrangements is essential. Therefore, the current service needs to continue for a further period of 6 months to prepare for safe transfer by 1 October 2024. The budget for the financial year 2024/5 has been set at £261, 949.

Providing the service in-house will offer the opportunity to implement a different operational model, resulting in improved communication with referrers and organisation of orders on receipt. It will reduce cost pressures through economies of scale gained from bulk buying and will increase resilience due to control of costs and operational arrangements. The new model will also facilitate closer working with Waste Services to promote the use of recycling points, whereby both equipment and rails no longer required can be returned and re-used where possible, reducing the volume of new stock required. It will also provide the opportunity to gather residents' feedback more easily to inform further future service improvements.

Community Support Contracts

Community support contracts that deliver a wide range of support and care for B&NES residents will continue to be commissioned under the HCRG Care Group prime provider contract in 2024/25. The new BSW ICB led contract came into force in April and will be jointly monitored by the BSW ICB as the co-ordinating commissioner, with B&NES council and Wiltshire council as co-commissioners, as the new contract also includes services for Wiltshire residents. Robust contract management arrangements have been agreed by all parties and will commence in May.

B&NES portfolio of community support includes services provided directly by HCRG Care Group and services sub-contracted to over 70 community partners, including third sector organisations, GP practices and community pharmacies. Commissioning activity led by the HCRG Care Group as the prime provider has over the past few months focused on issuing and negotiating sub-contracts for each service to ensure continued delivery of support for B&NES residents in 2024/25. These sub-contracts are in the final stages of being signed by all relevant organisations.

Outcome of Budget Consultation

The budget proposal that went to public consultation had contained a £802,000 saving on the £9.3m in community contracts that the council currently supports. The budget approved by cabinet in February was adjusted to smooth out this saving over a two-year period to provide space for these savings to be made carefully, in a targeted way, and in collaboration with community partners as valued partners. This decision was made following a period of extensive engagement with the community partners and full consideration of views expressed by them and other stakeholders during the consultation.

The council has also committed to completing a strategic review of these services, focusing on the value the contracts provide in preventing pressure on the statutory services for which the council is responsible. A new strategic board led by Mandy Bishop, Chief Operating Officer has been set up to provide leadership, oversight, and robust governance to this work alongside other transformation programmes involving community partners. Proactive engagement with community partners is at the heart of this work and next phase of communication is being planned for mid April.

Public Health Update

Schools Health and Wellbeing Survey
Primary schools are being invited to take part in the SH&WS survey during the summer term. To date, 21 primary schools have signed up (35%) with further recruitment planned. Pupils in Year 8, 10 and 12 among participating secondary schools have completed surveys and results for the secondary school's survey are expected in June.

SUDI Prevention Activity
Working in partnership with colleagues across BSW, the **Sudden Unexpected Death in Infants** (SUDI) prevention policy, guidance document and action cards have now been developed and are awaiting ratification by the B&NES Community Safety and Safeguarding Partnership. These informative resources will then be circulated across Children's Services and external partner agencies.

Oral Health amongst Children
The Supervised Toothbrush Scheme, delivered by At Home Dental, gives children aged 3-5 years the opportunity to brush their teeth each day when attending schools and nurseries located in the more deprived six IMD 2019 deciles of the South West. To date 63% of eligible schools have signed up to the programme. It is recognised that the eligibility of the scheme excludes a high number of children who would benefit from this programme, and work with NHS England is underway to address this.

Smoking
- In December 2023 we were successful in bidding for 1200 free vape kits to support B&NES smokers to quit and collaborated with BSW colleagues to successfully bid for free vape kits for use in maternity services. Free vape kits are being offered to smokers alongside very brief advice and support to help them on their quit journey. Smokers can access the vape kits through our specialist stop smoking service, AWP in-patients and through our accredited community partners, DHI.

- The Government has allocated each Local Authority additional public health grant during 24/25 to support smokers to quit. The grant is based on a three-year average of smoking prevalence and B&NES has been allocated approx. £200k for this financial year. Alongside the grant are challenging ambitions to increase the number of smokers setting a quit date and successfully quitting. We intend to use the grant to support additional capacity in frontline services to support smokers and to reach out to those least likely to engage.

Food Insecurity
Following the completion of research with the University of Bath on food insecurity amongst older people in B&NES in 2023 we have been awarded a small grant by the University to develop a toolkit to communicate the findings of the research that can be used by town and parish councils and others when thinking about local action on food insecurity.

Whole System Health Improvement Framework
In December and February we led two workshops for the B&NES Whole System Health Improvement framework, which were well attended by partners working in health improvement and community settings across B&NES. The key outputs have been a) agreement as a system to work in a collaborative, integrated way using a whole-systems approach to health improvement, and b) a set of draft priorities which this work will address. We are forming three System Action Groups which will translate priorities into action and help to reach our vision of a strong, healthy, compassionate environment in B&NES.

- **Recognition as training location**

The local authority is delighted to have received “Excellent” as a public health speciality training location by the South West Public Health Training Programme Quality Panel. In addition the Public Health Training Programme in the South West has been rated top in the UK based on the 2023 National Training Survey results.

- **Education attainment gap**

We have started a piece of work to investigate the potential causes of the educational attainment gap between those children eligible for Free School Meals and those who aren’t in BANES building on the excellent work done to date. The work will make recommendations as to how a whole systems approach could help contribute. The Project Initiation Document has been shared with Scrutiny and many thanks for the comments received to date.

Strategy to Reduce Serious Violence

The Council has published a strategy to prevent and reduce serious violence, available on the BCSSP website. This takes a ‘public health approach’ as recommended by the Home Office guidance. We are working on the detailed delivery plan for 2024/25.

Tackling Inequalities

A range of local B&NES projects and services funded through the new fixed-term BSW Inequalities funding will all be starting from April. The majority are led by third sector organisations and are focused on our most deprived areas in the district, and also for children with special educational needs, people who are homeless and people living with severe mental illness.

Suicide Prevention

A BSW Suicide Prevention Strategy has been created which is awaiting sign off by the BSW Mental Health Thrive Board.

Leisure Services and Physical Activity

- Following a recent procurement process the current operator of the tennis and golf facilities, Excel has been appointed as the preferred bidder to run both the café and the leisure activities in Royal Victoria Park. Excel has operated the tennis and adventure golf at the park for 23 years and also developed Bath On Ice and Bath on the Beach. Excel proposes major development and refurbishment of the pavilion and café area, on which residents will be asked for their views to help shape the plans
- International Women’s Day event at Bath Sport and Leisure Centre on Saturday 2 March attached over 120 participants. The event was well received and there has been a lot of positive feedback showing real demand for these types of events
- Tennis @ The Park, Bath & Keynsham was the winner of the Park Venue of the Year Award at the 2024 Lawn Tennis Association Awards. This award is a testament to the work of the team at Wesport, who operate the courts on behalf of the council, to improve park playing facilities and get more people active

Cllr Alison Born – Cabinet Lead for Adult Services and Public Health

9th April 2024

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Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel – Monday 15 April 2024

Covid spring booster programme

The Covid-19 booster vaccination programme for those most at risk of serious illness from the virus will begin in April.

The advice for this Spring is to offer the vaccine to those at high risk of serious disease and who are therefore most likely to benefit from vaccination.

The JCVI advises the following groups should be offered a COVID-19 booster vaccine this Spring:

- Adults aged 75 years and over.
- Residents in a care home for older adults.
- Individuals aged 6 months and over who are immunosuppressed.

GP practice merger Midsomer Norton

Somerton House Surgery in Midsomer Norton is set to become a branch surgery of nearby St Chads Surgery from Monday 1 April, as part of a planned arrangement brought on by the retirement of an existing GP partner.

The practice merger will enable both clinical and non-clinical teams to share resources and cut duplication, while also creating more choice and availability for patients.

Teams at both St Chads and Somerton House have been working together behind the scenes on the logistics of the new arrangement for some time.

Patients have been informed about the merger through a press release, practice newsletters and an in-person engagement event.

The merger will not affect how patients communicate with their registered practice, with people advised to continue contacting their surgery in the usual way.

Although no such plans are currently in place, should contact details for either practice change in the future, patients will be communicated with at the very earliest opportunity.

More information about the merger can be found through the practices' respective websites, while further details about primary care in general are available at www.bsw.icb.nhs.uk.

Sulis Elective Orthopaedic Centre update

Planning permission has now been granted by BaNES Council for the Royal United Hospitals (RUH) Bath NHS Foundation Trust (RUH) to build a new wing at Sulis Hospital, a fully operational independent hospital owned by the RUH that treats both NHS and private patients.

Situated at Sulis Hospital in Peasedown St John, just outside of Bath, the new Sulis Elective Orthopaedic Centre (SEOC) will act as an NHS elective surgery hub; it will serve NHS patients from across the South West, helping to tackle the region's backlog of elective, non-emergency surgery.

It will mean an additional 3,750 non-emergency, orthopaedic operations can be carried out for NHS patients at the hospital each year.

The new development, which has secured £25m in national NHS funding, will be a centre of excellence, working to national best-practice standards and providing high-quality care. The plans include:

- Two additional modular theatres
- Additional inpatient capacity
- Seven extra day case pods
- Conversion of two existing theatres to laminar flow theatres, providing a work area with sterile conditions and the very highest standards of cleanliness.

Surgery at the site will be protected from disruption and cancellations caused by surges in emergency hospital admissions because Sulis does not have an emergency department. This means that the SEOC will enhance the resilience of services in the future.

Around 60 per cent of capacity will be used to carry out elective orthopaedic procedures that would otherwise be managed at the RUH's main Combe Park site, with the remaining 40 per cent available to support the wider region's NHS elective recovery programme and future growth in demand projected to arise from the ageing population in Bath and the South West.

Maternity services at Bath's Royal United Hospital retain outstanding rating from the CQC

Maternity services at the Royal United Hospitals Bath NHS Foundation Trust are in the top three per cent in England following a recent inspection by the Care Quality Commission (CQC) which saw the team retain its 'outstanding' rating.

Following the inspection in November 2023, inspectors found examples of outstanding practice relating to the RUH's commitment to continuously improving services, patient experience and the supportive environment provided for staff.

The development of a maternity and neonatal communication plan to improve engagement with staff was noted as 'outstanding practice'.

Inspectors also found that:

- The service engaged well with women, birthing people and the community to plan and manage services.
- People could access the service when they needed it and did not have to wait too long for treatment, and all staff were committed to continually improving services.
- Staff said they felt respected, supported, and valued and were focused on the needs of women and birthing people receiving care.
- Staff managed safety and medicines well, assessed risks to women and birthing people, acted on them and kept good care records.
- Staff had training in key skills and understood how to protect women and birthing people from abuse.
- Inspectors also found that safety incidents were well managed and the service learned lessons from them.
- Leaders ran services well using reliable information systems and supported staff to develop their skills, while managers monitored the effectiveness of the service and made sure staff were competent.
- Staff were clear about their roles and accountabilities and understood the service's vision and values, and how to apply them in their work.

For the first time, community birth centres in Frome and Chippenham were also included in the inspection, with both centres receiving an overall 'good' rating. Inspectors recognised the community teams' commitment to continually learning and improving services, including several initiatives to tackle health inequalities and the ongoing quality improvement projects facilitating women and birthing people's choice of birthplace.

Dyson Cancer Centre at RUH to welcome patients in April 2024

The new Dyson Cancer Centre at the Royal United Hospitals (RUH) Bath NHS Foundation Trust is due to open to patients this April.

The purpose-built facility will provide a cancer services hub for over 500,000 people in the South West.

As final preparations continue for the move, there will be no disruption to services during this time. Outpatients who would expect to be seen at the RUH in April 2024 will be contacted well in advance with appointment locations and details.

The new centre is backed by over £40m in Government funding as part of the New Hospital Programme. The Dyson Cancer Centre was also supported by a £10m campaign from RUHX, the hospital's official charity, including a £4m donation from the James Dyson Foundation and £1m by the Medlock Charitable Trust. A further £1.5m was donated by Macmillan Cancer Support to fund the Macmillan Wellbeing Hub.

A key feature of the new centre is the Macmillan Wellbeing Hub, funded by Macmillan Cancer Support, which will provide a welcoming, non-clinical space designed around the needs of patients and their families. Spread across three floors, the hub includes counselling rooms, complementary therapy spaces, information space, and comfortable accommodation where relatives and loved ones can stay overnight.

Answers to questions raised at Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel meeting on 12 March

1) Can BSW ICB respond to the issue of a Ukrainian refugee living in BSW being unable to access dental treatment flying home to Ukraine for treatment

BSW ICB recently responded to questions about this issue reported by BBC local news as follows:

While we are unable to comment on individual cases and without the full details, it would appear that the patient in this case may meet the criteria for an urgent dental or a stabilisation appointment and we encourage the family to also contact NHS111 where the details will be assessed clinically and if appropriate an urgent dental appointment will be arranged.

Since September 2021 BSW ICB has commissioned additional urgent dental care appointments that people can access by calling NHS111 with an urgent dental need. There are 390 appointments every week across the South West, with 86 urgent dental appointments in Wiltshire each week.

There are also 750 appointments of Stabilisation across the South West (where people have a serious dental problem that doesn’t meet urgent criteria, we have

introduced stabilisation appointments) with around 95 stabilisation appointments in BSW providing definitive treatment to patients requiring dental care.

Additionally, a summary of BSW ICB plans to recover and transform dental services in BSW was recently presented at the BSW Integrated Care Board Meeting in Public. Papers and presentations for this item can be found on the BSW ICB website

2) **Can BSW ICB offer any reassurance that directing people to pharmacies for treatment will not undermine the benefits for patients of having one point of contact via a GP who will monitor their health? How will safety be monitored in terms of pharmacies offering advice and how will more staff will be recruited?**

The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019 and is expected to free up GP appointments for patients who need them most and give people quicker and more convenient access to safe and high-quality healthcare. It includes the supply of appropriate medicines for seven common conditions including earache, sore throat, and urinary tract infections, aiming to address health issues before they get worse.

Previously, NHS patients in England had to visit their GP to access prescription-only medication, meaning repeated GP visits and delays in treatment.

Community pharmacies offer a more convenient way to access healthcare that includes support with healthy eating, exercise, stopping smoking, monitoring your blood pressure, contraception, flu and covid vaccinations.

A public perceptions of community pharmacy survey recently found that over 90 per cent of patients who sought guidance from a community pharmacy within the past year reported receiving good advice.

For the seven common conditions, pharmacists will follow a robust clinical pathway which includes self-care and safety-netting advice and, only if appropriate, supplying a restricted set of prescription-only medicines without the need to visit a GP.

These clinical pathways have been developed with input from various experts including practising GPs, pharmacists, and antimicrobial resistance specialists as well as representatives from national organisations such as the National Institute for Health and Care Excellence (NICE) and UK Health Security Agency. This ensures that the steps we take together match the care patients would receive in general practice and follow the latest national guidelines.

Every pharmacist trains for five years in the use of medicines and managing minor illnesses, so they are well-equipped to provide health and wellbeing advice to help people stay well. They are also experienced in spotting warning signs, otherwise known as red flag symptoms, which may warrant a referral to another healthcare provider.

After a consultation with the pharmacist, the pharmacy will send a notification to the patient's GP on the same day or on the following working day.

3) Can we explain the role of the SEND representative on the ICB Board and what other ICB committees do they sit on?

Gill May, the Chief Nurse of the Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (BSW ICB), currently serves as the Special Educational Needs and Disabilities (SEND) representative on the Integrated Care Board. In this capacity, she holds executive responsibility for fulfilling the ICB's duties and obligations concerning SEND.

BSW ICB is a statutory body which brings together NHS organisations with local authorities and other partners to work to improve population health and establish shared strategic priorities. Accordingly, the representation and advocacy for SEND issues are approached collaboratively, with the Chief Nurse participating in multiple forums across the BSW region, including safeguarding boards and the Children and Young People transformation group.

4) Has there been any ICB comms about Pharmacy First and also about the closure of the Prescription Ordering Direct (POD) service?

Details of the Pharmacy First scheme have been communicated widely to the public in BaNES, Swindon and Wiltshire through social media channels, newsletter stories, national and local TV coverage, through Healthwatch and comms from individual pharmacies.

Details about plans for the Prescription Ordering Direct service have been communicated to the public via two press releases resulting in12 pieces of local media press coverage, FAQs for the public on the BSW ICB website, social media posts, newsletter coverage and HOSC updates for all three local authorities in BSW.

NIHR | Applied Research Collaboration West

Management of COVID in care homes in Bath and North East Somerset and West of England: a quantitative and qualitative analysis

A collaborative study between NIHR ARC West and Bath and North East Somerset Council

15th April 2024

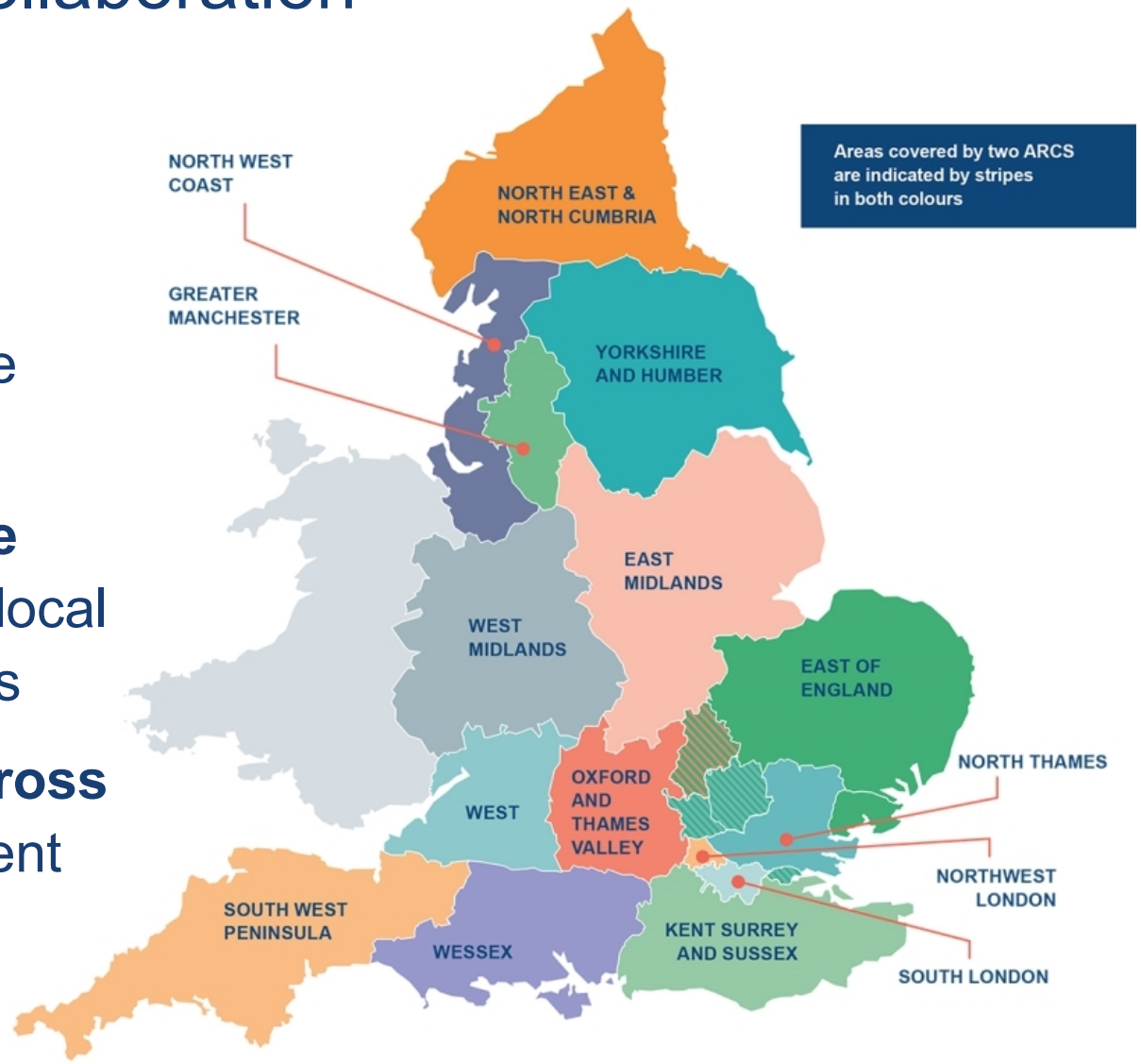
Theresa Redaniel
Jon Banks
Rebecca Wilson
Paul Scott

Presentation overview

- NIHR ARC West – who we are and we what we do
- Study evolution, design and planning
- Results – quantitative data
- Results – qualitative data
- Summary
- Discussion and questions

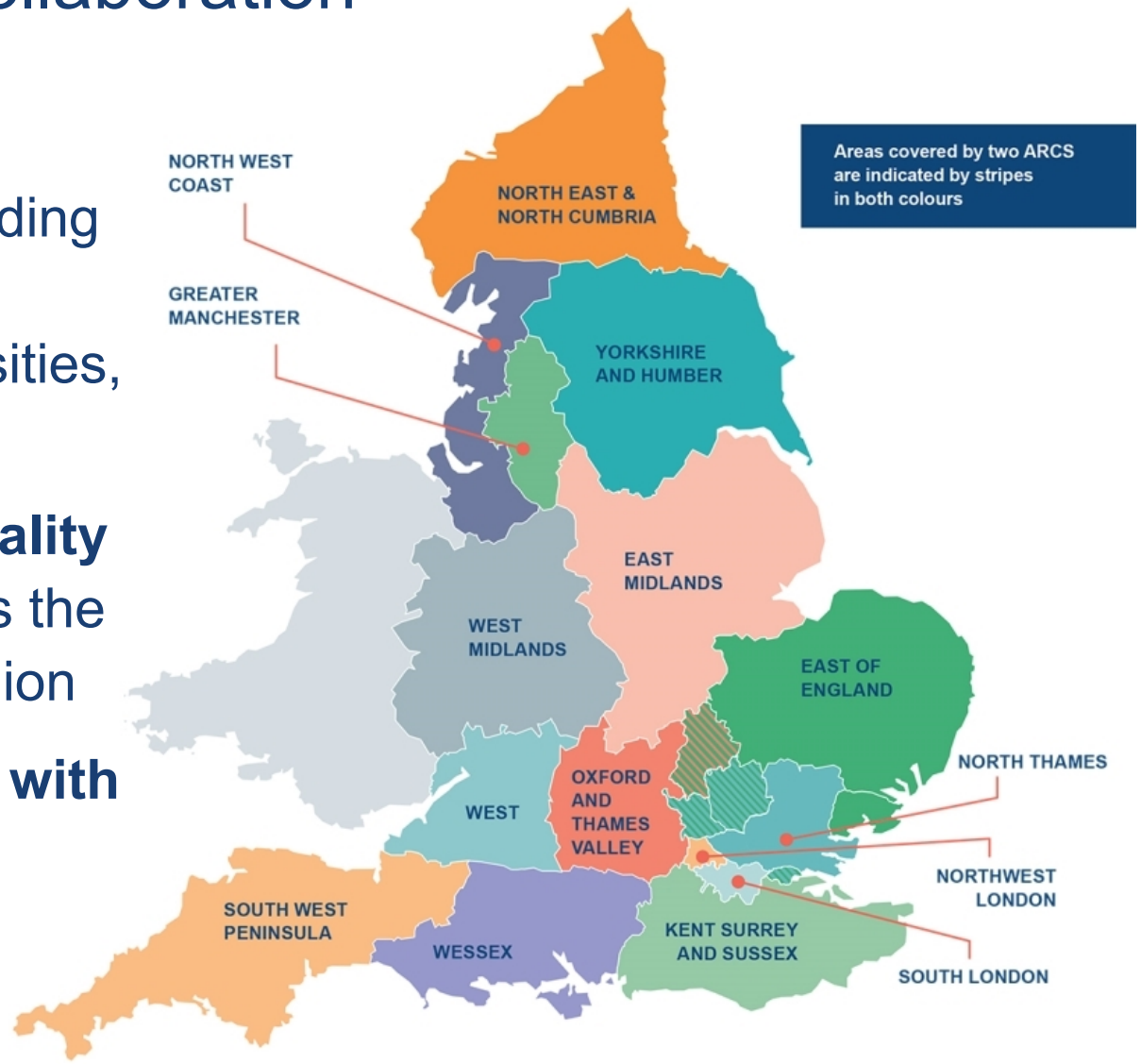
What is an Applied Research Collaboration or ARC?

- **Funded by the National Institute for Health and Care Research (NIHR)**, the nation's largest funder of health and care research
- **ARCs support applied health and care research** that responds to the needs of local populations and health and care systems
- **NIHR ARC West is one of 15 ARCs across England**, part of a £135 million investment by the NIHR over five years



What is an Applied Research Collaboration or ARC?

- **Collaborations of local partners**, including providers of NHS and care services, commissioners, local authorities, universities, companies and charities
- They work together to **conduct high quality applied health research** that addresses the specific health or care issues in their region
- The **research is done in collaboration with the partners** as well as the public and communities



What is applied research?

Applied health research aims to address the **immediate issues** facing the health and social care system.

ARC researchers **don't do fundamental research**, look through microscopes or wear white coats.

ARC researchers do **research that addresses the needs of the health and care system**, the people who use services and other communities.

The research problem

- Impact of COVID in care homes – cases 13 times higher than in the community
- Vulnerable population – higher risk of death & high number of deaths in care homes
- High death rates in care homes in B&NES – in comparison with similar areas
- Collaboration between B&NES and ARC West – why?

The research aims

1. Determine why B&NES appears to have higher death rates from COVID in care homes compared to other locations
2. Whether there are specific risk factors associated with COVID-19 infections and deaths in care-homes within B&NES
3. To examine what learning from the first and second wave of the pandemic can be used to improve policy and practice

Study design

- Quantitative
  - Risk factors for high COVID infection rates/death, e.g.
    - Care home size
    - Care home type
    - Care home ownership
    - Engagement with the B&NES Council
    - Plus eight others
  - Care-home level data supplied by B&NES (Second COVID wave)
  - Association between risk factors and infection/death rates

… But associations do not explain why or how ➔ complement with qualitative study

Study design

- Qualitative
  - Semi-structured interviews with care home staff
  - Sample of care homes of different sizes/types
  - Participants and data to be fully anonymised in reports
  - Presented as documenting experience to learn rather than an audit of practice
  - Draw on findings from the quantitative research to explore in detail

Challenges

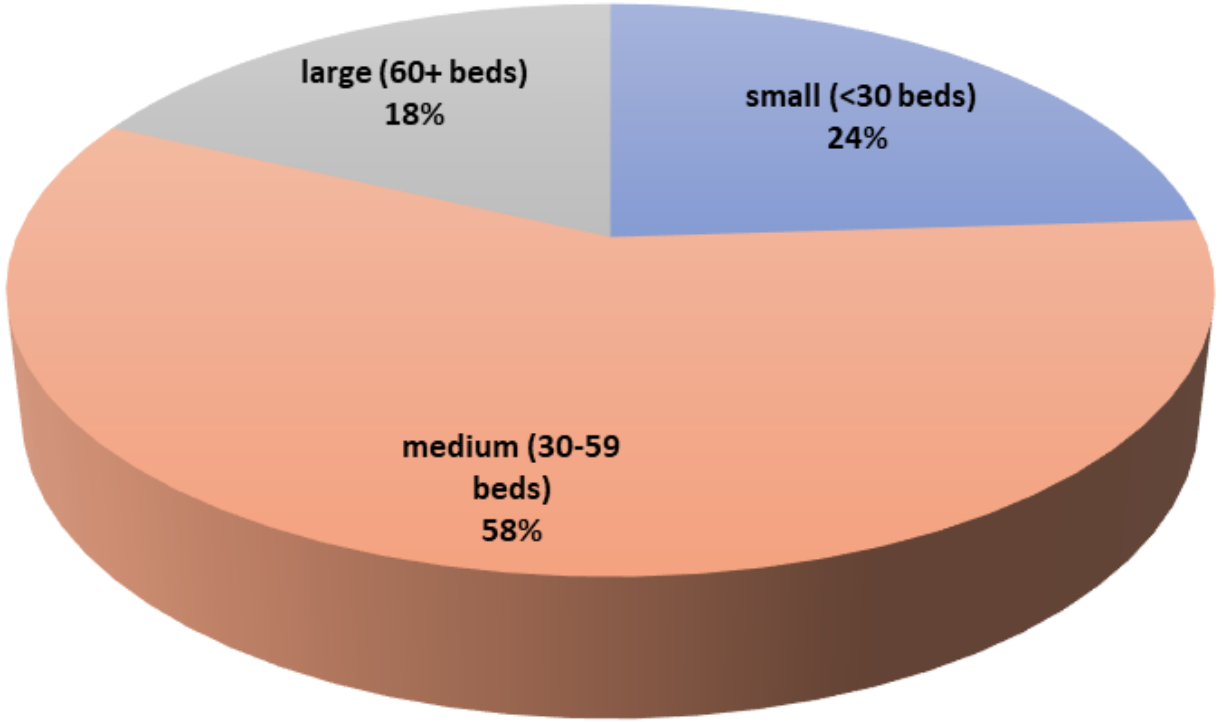
- Quantitative
  - Data quantity
    - Small number of care homes in the sample
    - Only covers a limited period (Sept 2020 – Feb 2021)
    - No data from comparator areas
  - Data quality
    - Only data at care home level is available
    - Not data on variables such as actual number of residents in the care homes, use of agency staff, vaccination status, staff infection rates or staff working across different sites.

Challenges

- Qualitative
  - Care home recruitment
    - Staff shortages – research not prioritised
    - Staff changes - managers and staff in post during pandemic moved on
  - Study design change
    - Recruit outside B&NES WHY?
    - Interviews in B&NES ➔ interesting and valuable data but B&NES recruitment stalled ➔ data spoke to issues within and beyond B&NES
    - Decision to build on these data and recruit across ARC West patch
    - Inform and reflect on management of COVID in care homes in general

Results – Quantitative

- 33 care homes included in analysis (Sept 2020 – Feb 2021)



Results – Quantitative

- Total 290 COVID-19 cases
  - Average weekly cases = 0.35 (range 0-16)
  - Average age was 85 years
  - 71% female

- Total 101 COVID-related deaths
  - Average weekly deaths = 0.12 (range 0-6)
  - Average age was 89 years
  - 64% female

Results - Quantitative

COVID-19 cases

- Medium and large care homes were at greater risk
- Managers in post for less than a year were associated with fewer cases
- The following variables were not associated with number of cases:
  - type of care home
  - care home speciality
  - care home ownership
  - whether the care home had 'Discharge to Assess' beds
  - the care home's engagement with B&NES council
  - how regularly they completed the capacity tracker
  - staff turnover
  - GP involvement
  - whether LFTs were received and used
  - if staff stayed in shared accommodation

Results - Quantitative

COVID-19 deaths

- Having had an outbreak (2+ cases in one week) in the home associated with more deaths
- Having a manager in post for less than a year were associated with fewer deaths
- Note that fewer care homes (30) were included in this analysis due to missing data

Results – qualitative

- Recruitment and analysis
- 5 care homes
- 14 interviews (managers and support staff)
- Data analysed thematically

Results – qualitative

- Key themes – focus on
  - Infection prevention & control policies
  - Guidance and legislation
  - Relationships with outside bodies (local authorities and health services)
  - The psycho-social aspects of lockdown
  - Reorientation of practice
- Note – data presented represent participants' views and experiences rather than an audit of practice or behaviour – a reflection of how staff in care homes saw and experienced the pandemic

Results – qualitative

- A summary of the challenges,
  - *We were chasing medical professionals, paramedics. A lot of the routine appointments and tests and things fell by. Residents with dementia don't really understand why they were isolated to their rooms, why they couldn't cohort. Our staffing dependency increased because people became less able, they were less independent because they weren't doing things. Low mood took a big toll and people that are depressed generally don't do as much for themselves and then obviously with the staffing impact as well care wasn't at the same level that we would have hoped. (int 14)*

Results – qualitative

- Infection prevention and control
  - *There's a massive list of changes that we've done, from the way that team members would log-in into the home to start work, they would have to first step into a disinfected like a big barrel of disinfectant to make sure that they were not carrying any viruses or bacteria from outside into the home. So, they would step into that, and then they would disinfect themselves, washing their hands. We increase the checkpoints, like cleaning checkpoints. (Int 8)*
  - *I think with it being a small home as well and because we were on three floors and they're three completely separate floors they can be shut off, you can access each one from the outside, you don't have to go through the house, I think that made it easier as well. Of course, being an old building didn't help because trying to keep that sterile and everything it's not like a hospital, you've got nooks and crannies everywhere that you're trying to you know, make sure that they're sterile (Int 1)*

Results – qualitative

- Infection prevention and control – challenges
  - *We couldn't have a drink around the care home so we found that in the summer if we were having a really busy shift, they couldn't carry their bottle of water round with them because they couldn't take their mask off when they were near a resident … So a lot of staff complained of headaches and migraines. (Int 5)*
  - *The residents were having episodes of vomiting, they were having diarrhoea. We had to triple the collection of waste in a very short period of time. Everyone was working really hard, enter into rooms with PPE on, washing hands, everything. Yeah, the work increased so much, and it was difficult … I remember we had some team members that resigned at the time (int 8)*

Results – qualitative

- Infection prevention and control – challenges
  - *So, this idea that you could try cohorts and keep COVID positive residents separate was a complete farce, it just didn't work, and it was impossible. And almost cruel because you know, they don't understand why they have to stay in their room*

Results – qualitative

- Guidance and legislation
  - *We used to receive emails from different people, local authority was sending a link and then you'll have in the infection control sending you another link. And then you have the head office sending you another link and you had three links saying three different things. That was very challenging and stressful. (Int 7)*
  - *have one side saying 'No, no, no, they're supposed to do this' and [colleague] will say 'No, I didn't read it that way'. Then I would say 'Well which one are you looking at?' 'I'm looking at yesterdays' and I'll say 'Well this one has come in today'. 'Really?' It wasn't like it was weeks; sometimes it could be two or three in one week. (Int 11)*

Results – qualitative

- Relationship with other bodies
  - *We had regular meetings with [local authority] and other care homes and so they would be, you know, a way to you know introduce us to any new changes that the Government had put in place or Public Health England had put in place, and they would you know, help us to work out ways we can implement those policies and those changes. And also, obviously they started to supply the PPE for us so there was the NHS portal that we could get supplies and equipment. (Int 3)*
  - *[Local authority] had the infection control nurse on each call. She was keeping us up to date with the number of cases in UK and locally and the pressure on hospital and all those things. Also when I had the outbreak as I said over a year in the pandemic. She did come and she done an infection control audit in the home as well, you know, just to make sure that we do follow the good practice which did find it worth following good practice. So yes, that was the support that we had. (Int 7)*

Results – qualitative

- Relationship with other bodies
  - *When staff went off sick it wasn't for three days, it was for two weeks, three weeks, a month, six months, as some people had to shield, the staffing was crumbling, crumbling, crumbling, and we didn't have any help in this respect from [local authority], or from the government when we needed it the most, to have bodies in work. (Int 6)*

Feelings of isolation from the wider health care service

- *There was an incident where we did ring for an ambulance and we were told no, they're not coming out … because they said oh no, your resident's safe because they're in a care home. (Int 3)*

Results – qualitative

- Psycho-social challenges – residents
  - *It was difficult because obviously we had to separate the residents, they had to stay in their rooms. They were isolated in a way because we didn't have the staff who could sit with them for most of the day. We had to check on all the residents. It was tricky, it was difficult for the residents because they felt like their freedom was taken away. It was really tricky to explain to them what was happening, because of the way our residents are. (Int 4)*
  - *What we took from it was we want to be face-to-face, we want to connect … to not be able to touch someone felt strange and alien and especially with our residents that, like a cuddle or need a bit of touch support for reassurance and comfort, especially for those that can't see very well and those that can't hear and having your face covered it reflected very much how important that face-to-face communication is, and a lot of the residents were saying they didn't care if the virus made them poorly because they had no quality of life. (Int 14)*

Results – qualitative

- Reorientation of practice
  - *The one good thing that COVID did for particularly our nursing teams was that it empowered them to make serious decisions. We have nurses here that were making critical decisions because they had to because for ten months we didn't have a GP set foot in the building. They really upped their skill levels. So from something negative came a very very positive (Int 11)*
  - *We realised that we spend a lot of time dealing with professionals and families and all that time then got re-digested and put back into the residents. It was a great opportunity to change our model and what we do in comparison is we have a very big wellbeing team now so we have 12 people who deliver wellbeing throughout the week in this home. And it means that every day we don't just get people up and washed and, you know, give them meals and put them back to bed again, part of the day now which is given by the care staff is a social element … the outcomes for the residents are they're far more settled, they're relaxed, we've reduced psychotropic medications. (int 13)*

Summary and learning

- **<u>Results indicate</u> …**
- Care homes practices & behaviour **did not** contribute to the B&NES pandemic death rates
- Staffing shortages - biggest challenge
- Building layout and structure mitigated against resident isolation policies
- Looking forward ➔ More autonomy to balance infection control and psychosocial wellbeing
- Support and maintain lines of communication
  - ➢ Reduce feelings of care homes feeling abandoned
  - ➢ Reduce confusion caused by multiple sources of information

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