

## **BATH AND NORTH EAST SOMERSET**

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

Tuesday, 19th January, 2021

**Present:-** Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Dr Kumar (in place of Jess David), Ruth Malloy, Andy Wait, Paul May, Liz Hardman and Alison Born

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

**Also in attendance:** Dr Bryn Bird (B&NES Locality Clinical Chair), Lesley Hutchinson (Director of Adult Social Care, Complex and Specialist Commissioning), Corinne Edwards (NHS BSW CCG Chief Operating Officer), Mary Kearney-Knowles (Director of Children & Young People), Christopher Wilford (Director of Education, Inclusion and Children's Safeguarding), Mandy Bishop (Chief Operating Officer), Sally Churchyard (Head of Young People's Prevention Services), Deborah Forward (Senior Commissioning Manager - Preventative Services), Lucy Kitchener (Commissioning Manager for Mental Health), Neil Manson (Commissioning Manager for Mental Health) and Simon Cook (HIP2 Programme Director)

**Cabinet Member for Adult Services:** Councillor Rob Appleyard

**Cabinet Member for Children's Services:** Councillor Kevin Guy

#### **55 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

#### **56 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Jess David, Councillor Mark Roper and David Williams (Co-opted Member) had sent their apologies to the Panel.

Councillor Yuktेशwar Kumar was present for the duration of the meeting as a substitute for Councillor David.

#### **57 DECLARATIONS OF INTEREST**

Councillor Paul May declared an other interest in respect of agenda item 12 (Corporate & Budget Planning 2021/22) as he is a non-executive Sirona board member.

#### **58 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

There were none.

**60 MINUTES: 23RD OCTOBER 2020 & 3RD NOVEMBER 2020**

Kevin Burnett referred to page 40 of the 23<sup>rd</sup> October 2020 minutes and asked if the Escalation Protocol review remained ongoing.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she was aware that further meetings had been held regarding the Protocol, but it had not yet been finalised. She said it could be circulated when complete.

Kevin Burnett referred to a referred to a previous question and asked if any further information was yet available from the Secretary of State on the issue of funding pressures in the education system.

Councillor Kevin Guy replied that there was not.

Kevin Burnett referred to page 44 of the 23<sup>rd</sup> October 2020 minutes and asked if the second A P Benson report was now available.

The Director of Education, Inclusion and Children's Safeguarding replied that it had been received just before Christmas and a feedback process was now taking place with staff and the steering group before it could be shared on a wider basis.

Kevin Burnett referred to page 46 of the 23<sup>rd</sup> October 2020 minutes and asked if an update could be given on two elements of the Winter Plan – Care Act / Lived Experiences.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that Lived Experiences had been raised at the Virgin Care Citizen's Panel and that she was also in contact with AWP on the same issue.

She added that in terms of the Care Act, in particular easements, that these had been raised at forums for both Care Homes and Homecare and that work was ongoing. She said that none were in place apart from social distancing.

Councillor Ruth Malloy referred to page 41 of the 23<sup>rd</sup> October 2020 minutes and asked if Sian Walker-McAllister could send further information on the 'Got Ya Back' river safety campaign and the #NeverOK Campaign as mentioned.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she would pursue that and forward anything she receives.

Kevin Burnett referred to page 56 of the 3<sup>rd</sup> November 2020 minutes and asked if an update could be given on the Schools Standard Board (SSB) Sub-Group and the Inclusion Expert.

The Director of Education, Inclusion and Children's Safeguarding replied that the Sub-Group had met before Christmas to discuss best practice and that work with the St John's Foundation was underway, but was unable to give a specific update on the Inclusion Expert.

With those matters raised in mind, the Panel confirmed the minutes of the meetings on 23<sup>rd</sup> October 2020 and 3<sup>rd</sup> November 2020 as a true record.

## **61 CABINET MEMBER UPDATE**

The Cabinet Member for Children's Services, Councillor Kevin Guy addressed the Panel, a copy of his briefing can be found online as an appendix to the minutes.

Kevin Burnett asked if the Council or schools would be co-ordinating the next round of Free School Meal provision during the February half term.

Councillor Guy replied that schools would be delivering the next package of provision directly. He added that at this stage that there was no confirmation from the Government on provision for the Easter holidays. He stated that the Council were carrying out preliminary work on possible scenarios for those holidays.

Kevin Burnett asked if enough IT equipment was available through schools for those families that need it in this current lockdown period to access learning from home.

The Director of Education, Inclusion and Children's Safeguarding replied that the DFE has committed to ensuring that families have adequate access to IT. He added that schools have been assessing what additional need there is for IT devices and are ordering accordingly. He said that secondary schools have received equipment already and primaries will have started receiving laptops last week. He stated that the LA remains committed to supporting those most in need, but is assured that schools are advising that they can access the IT that their pupils need. The LA is appraising options to act as a contact for those families who cannot access a school device.

Councillor Liz Hardman commented that she believed that the Early Years Foundation Stage (EYFS) were not able to access digital help funds despite primary schools now teaching remotely.

The Director of Education, Inclusion and Children's Safeguarding replied that the Council are trying to work with those that need it and that he would be happy to be informed of any particular issues.

Councillor Paul May said that he would like to acknowledge the work of all Children's Services staff over the last year.

Councillor Alison Born commented that she felt that there was a good service within B&NES for people diagnosed with having Autism Spectrum Disorder (ASD). She asked how would the 'Waiting List Plus' initiative that had recently received funding for work across B&NES, Swindon & Wiltshire (BSW) would interface with the current service.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that this work would be carried out in addition to provide support to the services already in place.

Councillor Alison Born said that she would like to commend the work of the local Public Health team over the past year.

Councillor Rob Appleyard replied that they really are a highly functioning group that provide so much support work across the Council and to the universities and other partners. He added that he would like to thank the Director of Adult Social Care, Complex and Specialist Commissioning and all staff within Adult Services for their work over the past year.

Councillor Paul May asked how the Covid-19 vaccination programme was progressing locally, particularly in terms of residents within Care Homes.

Councillor Appleyard replied that he believed it was going well and that a more accurate report could be given by the end of the week.

Dr Bryn Bird, B&NES Locality Clinical Chair added that the programme is on course to have vaccinated all Care Home residents by the end of January.

Councillor Liz Hardman asked if the new legislation relating to Breathing Space, that will allow individuals who are in 'crisis' and in debt to ask for a pause on that debt for 90 days, will be available to new entrants or just apply to all current Universal Credit recipients.

Councillor Appleyard replied that the guidance was still being worked on. He added that he had discussed the issue with the Chief Executive of the local Citizens Advice Bureau.

The Director of Adult Social Care, Complex and Specialist Commissioning said that guidance would be shared when it had been published.

Kevin Burnett asked if any further information could be given regarding the commissioning work on early help services for children.

The Director for Children & Young People said that she could provide feedback on this matter in writing.

Kevin Burnett asked if an update could be provided on Operation Encompass and the Escalation Protocol following discussion at the Child Protection Forum.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she would make enquiries on those matters for the Panel.

The Chair thanked the Cabinet Members for their updates on behalf of the Panel.

## 62 BSW CCG UPDATE

Dr Bryn Bird, B&NES Locality Clinical Chair addressed the Panel. A copy of the update can be found as an online appendix to these minutes, a summary of the update is set out below.

### **Covid-19 Mass Vaccination Programme**

December saw the start of the roll out of the coronavirus vaccination programme in Bath and North East Somerset, Swindon and Wiltshire. Initially a local vaccination centre was set up in Sulis Manor Road Surgery in Coombe Down with vaccinations coordinated by GP Federation BEMS.

Vaccinations have been under way in our area since before Christmas and, to date, more than 35,000 people across Bath and North East Somerset have received the lifesaving vaccine thanks to the hard work and dedication of colleagues working across the area.

During the week commencing 4th of January, additional sites began to offer the vaccine at Batheaston Medical Centre and the Somer Centre in Midsomer Norton.

A central vaccination centre was opened at the Bath Pavilion on 12<sup>th</sup> of January and a further site at West View Surgery in Keynsham on the 14<sup>th</sup> January.

We would very much value your support in helping to reassure any concerned residents who are worried about potentially being missed off the vaccine list, that as soon as it is their turn to be vaccinated, they will receive details of their appointment either by phone or letter.

Should you or any resident have a specific vaccine-related question, please feel free to get in touch via our new dedicated vaccine mailbox, which can be reached by sending an email to [bswccg.vaccinequery@nhs.net](mailto:bswccg.vaccinequery@nhs.net).

### **Temporary closure of Paulton Minor Injuries Unit and wider system pressures**

The health and care system across Bath and North east Somerset, Swindon and Wiltshire is experiencing extreme pressure as a result of the rapidly rising number of patients needing treatment for Covid-19, in addition to the usual pressures connected to more general winter related illnesses and high levels of staff sickness.

As a result of this, the Minor Injury Units (MIUs) at Paulton Hospital and Trowbridge Community Hospital will be closed on a temporary basis so staff can be redeployed to provide vital additional capacity elsewhere in the local area.

Similar plans were put in place during the first national lockdown with MIUs closing in April, before a gradual reopening for appointments only from August onwards. It is important to highlight that the closure of these MIU is a temporary measure and the decision will be reviewed on an ongoing basis with a view to reopening the units as soon as it is feasible and sustainable to do so.

## **Home oximetry monitoring service**

Bath and North East Somerset, Swindon and Wiltshire CCG has launched a new service across the area designed to enable clinically vulnerable patients with Covid-19 who are isolating at home to measure their own oxygen levels and send data into local hospitals.

If clinicians spot any early warning signs in terms of low blood oxygen levels – which can lead to complications and poor outcomes – the patient can then be admitted to hospital where they can receive treatment.

The new approach will allow clinicians to identify patients at home who are likely to deteriorate and quickly treat them and is potentially lifesaving.

## **Long Covid service**

GP Surgeries, hospitals and community health and care provider Medvivo have been working together to create a dedicated service for people affected by a condition known as Long Covid.

The condition, which is thought to affect more than 60,000 people in the UK, can cause continuing fatigue, 'brain fog', breathlessness and pain.

The service, which was launched on 1 December, includes a virtual assessment clinic, diagnostics and an onward referral pathway.

The service will also provide self-help options with input from the third sector and from those who have been affected by the condition.

## **Integrated Care System Designation**

An Integrated Care System (ICS) is a way of working across health and care organisations that allows them to work closer together to take collective responsibility for managing resources, delivering care and improving the health and wellbeing of the population they serve.

The ICSs will integrate:

- primary and specialist care
- physical and mental health services
- health and social care.

Across BSW, hospitals, GP surgeries, community care providers, local authorities, a mental health trust, an ambulance trust and voluntary sector organisations have been working together since 2016 as part of the BSW Sustainability and Transformation Partnership (STP).

Working together as the new BSW Partnership, health and care partners will prioritise issues that matter to local communities as well as managing health and care provision during the ongoing Covid-19 pandemic.

Councillor Paul May asked if he felt there would be any implications on the CCG and current services, including those provided by Virgin Care, as a result of the introduction of the Integrated Care System.

Dr Bird replied that implementation of the legislation was due to take place in April 2022 which in the long-term would see the integration of community services into primary and secondary services. He added that there are no short-term plans to make changes to the Virgin Care contract.

Councillor Liz Hardman asked for local residents to be assured that the closure of Paulton Minor Injuries Unit will just be a temporary measure.

Dr Bird replied that there are no plans for a long-term closure of the site and that the decision had been taken so that staff could help in other areas across the service.

Councillor Andy Wait asked if there had been any problems with distribution of the vaccine.

Dr Bird replied that there had been initial teething problems relating to its delivery, but they were not anticipating any pinch points with the current flow of delivery.

The Chair asked if residents of B&NES would be asked to attend the site at Ashton Gate, Bristol to be vaccinated.

Dr Bird replied that depending on locality some residents could be invited to be vaccinated at the Ashton Gate site.

Councillor Rob Appleyard added that residents would be given the option to contact their GP for a more local venue.

The Chair thanked Dr Bird for his update on behalf of the Panel.

## **63 HEALTH INFRASTRUCTURE PLAN 2 (HIP2) UPDATE**

Simon Cook, RUH HIP2 Programme Director introduced this item to the Panel, a summary is set out below.

### Health Infrastructure Plan 2 (HIP2)

Second phase announced October 2019 (HIP2) – a rolling five-year programme of investment in health infrastructure, encompassing:

- capital to build new hospitals,
- modernise our primary care estate,
- invest in new diagnostics and technology, and
- help eradicate critical safety issues in the NHS estate

**Invited to bid for up to £450m** – A once in a generation opportunity.

## Programme Plan Overview

Strategic Outline Case to be submitted by December 2021 following development work on the Strategic Case, Commercial Case, Economic Case, Financial Case and Management Case during the year. We are keen to submit the case sooner if possible to improve the chance of securing the funding for the local system.

## A Once in a Generation Opportunity

We are working with our system partners to ensure that the plans we develop will be fit for the future of health and care for our population.

- HIP2 will introduce the much needed capital investment (up to £450m) to the local economy
- HIP2 is a catalyst for change across the local health and care system - we are challenged and excited by the need to consider what the future model of care will look like
- HIP2 is not simply about buildings – it demands an integrated approach to future service delivery

## Our HIP2 ambition:

“Achieving better outcomes and experiences for patients and families through flexible integrated care using innovations that work, and supporting ageing well”

## Clinical Vision and Model of Care

The following has been developed with input from partners including the BaNES Integrated Care Alliance:

- Proactive, preventative care that plans to maintain health and wellbeing, continuously improve clinical outcomes, and reduces healthcare inequalities for our population at all stages of life, supported by the right infrastructure at a health and wellbeing campus
- A population health approach – supported by data and analytics in a transformed digital and IT infrastructure – to intervene early and prevent deterioration, with patient held data and interaction through apps as the default, improving the experience of healthcare for our population
- Full integration across the system (primary care, social care) to meet the breadth of needs, based on a stratified model of population health

## Investment Objectives

Underpin achievement of our clinical transformation objectives, and hence improve patient outcomes & experience: providing care closer to home through integrated

local models of care, reducing health inequalities, contributing to delivery of the Trust Strategy, BSW Strategy and NHS Long-Term Plan commitments by 2030 or earlier.

Provide a feasible solution for resolving operational challenges.

Develop a sustainable estate solution: providing flexible capacity to serve our population for the next 25 years and beyond, adapting to future changes in service delivery; building a Net Carbon Zero estates footprint by 2030.

### Critical Success Factors

Enable delivery of excellent patient care incl. care closer to home & reduced health inequalities through integrated local models of care, realising the BSW Strategy and NHS Long-Term Plan commitments.

Maximise broader economic benefit for Bath and North East Somerset.

Demonstrate affordability against the £450m capital allocation, releasing additional funding where possible (e.g. through sale/ development of excess land).

Develop a sustainable estate solution with flexible capacity to serve population into the future and adapt to future changes in service delivery.

### Cancer Centre – first HIP2 deliverable

The Cancer Centre will be the first phase of the RUH HIP2 programme:

- £51m (£42m of HIP2 funding)
- Subject to final approval, construction mobilisation due to commence in February 2021 – Opening due 2023
- 7,000m<sup>2</sup> of new build providing high quality cancer services, improving the experience for both patients and staff
- Subject to agreement from the national programme, the intention is also to fund an Alongside Midwifery Unit via HIP2

### Plans for further engagement

We are working in conjunction with local system comms and engagement teams, developing our plans together and we plan to co-host a lot of the meetings and engagements going forward – this plan is for the system, not just about hospitals.

We are planning a series of online ‘workshops’ for patients and other key stakeholders to discuss different aspects of the proposals. For example, the treatment of long-term conditions, emergency care pathways or the use of new technology. We would welcome Select Committee members involvement in these.

### Next steps

- Deliver a comprehensive engagement plan for local people and stakeholders
- Work with system partners to further develop the clinical model and vision
- Develop strategic options for our estates solution

- Meet with yourselves and other local authorities formally and informally to share more details as they develop and work together to ensure effective engagement with the local population and enable a swift submission of the Strategic Outline Case

The Chair asked for further information as to how the £450m would be allocated following submission and assessment of the Strategic Outline Case.

Simon Cook replied that in order to attempt to gain the maximum amount of funding the Strategic Outline Case will be based on a robust clinical model that is right for the local population and tackles the needs of the estate. He added that to some degree it is a competition and that the case needs to be both compelling and timely.

The Chair commented on the possibility of capturing and reusing anaesthetic gas on site at hospitals asked if the RUH were considering this and were they working with the Council with regard to tackling the Climate Emergency whilst working towards their target of a Net Carbon Zero Estate by 2030.

Simon Cook replied that he was aware of the work surrounding anaesthetic gas. He added that it is an aspiration to achieve Net Carbon Zero across the RUH site, but any new buildings will have that as a requirement when constructed. He said that they were also looking at a potential change in energy supply to the site from steam to electricity.

He stated that work was also ongoing to minimise journeys to the site for appointments that can be delivered at another locality or via a different mechanism.

Councillor Alison Born asked if all of the other HIP2 Trusts within the South West were bidding for the same allocation of £450m.

Simon Cook replied that they were not and that each Trust will have been allocated its own potential amount of funding.

Councillor Alison Born when would the health priorities of the case be identified and what the process behind that would be.

Simon Cook replied that the RUH would not look to determine these in isolation as they are something that would be developed alongside system partners. He added that their work will look to align with the BSW Long Term Plan.

Councillor Alison Born asked if allocation of bed spaces was a factor being considered as part of the Strategic Outline Case.

Simon Cook replied that from a capacity point of view it was about the numbers of staff that are available not just the number of beds that are in place. He said that they will need to consider the issue as part of putting together the business case.

Kevin Burnett asked how much of the potential £450m would be used on backlog maintenance and how much would be for new projects.

Simon Cook replied that a survey was near completion on this matter and that the figure is looking around £50m for backlog maintenance. He added that if a building is deemed not fit for purpose it could be replaced rather than repaired if there were to be financial and clinical benefits.

Kevin Burnett asked how education facilities were to be involved in preventative work.

Simon Cook replied that they are looking to provide education in schools with regards to health and wellbeing.

Kevin Burnett asked for further information relating to the Health & Wellbeing Campus.

Simon Cook replied that there was not a strategic solution in place for this yet. He added that this proposal was a key element for staff to participate in as well as patients as the site could provide them with a space to rest and recover.

Councillor Paul May proposed that the Panel supports fully the investment into the RUH via the Health Infrastructure Plan 2 and their forthcoming Strategic Outline Case.

Councillor Andy Wait seconded the proposal.

The Chair also asked that the Panel receive regular updates via their meetings as to the progress of the Strategic Outline Case until any funding has been secured.

The Panel **RESOLVED** to agree with the proposals made by both Councillor May and the Chair.

#### **64 MENTAL HEALTH STRATEGY FOR B&NES, SWINDON & WILTSHIRE (RESPONSE TO COVID)**

The Senior Commissioning Manager for Specialist Services introduced this report to the Panel, a summary is set out below.

The B&NES Mental Health Review ran from 2017 to 2019, culminating in a formal public consultation, then a full business case approved by the Care and Health Board in March 2019.

The key recommendations of the Review included:

- Improving access and care coordination.
- Delivering a more integrated, preventative and personalised approaches that people asked for.
- Developing a stepped approach to crisis avoidance with the creation of a B&NES Place of Calm (a comfortable and calm setting which delivers practical and emotional support) and a Wellbeing House to provide preventative support for people with low to moderate mental health needs.

- Adopting the Thrive model for the delivery of mental health services

An All-age Mental Health Transformation Strategy was created by commissioners, partners and people with lived experience for B&NES, Swindon and Wiltshire (BSW) in 2018/2019. The Strategy is based on the Thrive model of delivery.

The Strategy and Thrive model are delivered locally through the B&NES Mental Health Collaborative. This is the delivery group for embedding joint working across a wide range of organisations.

A Place of Calm (called Breathing Space in B&NES) was set up by Bath Mind in early 2020. Due to Covid19 and issues securing suitable premises, the service initially opened virtually, offering telephone support to those who were at risk of escalating into mental health crisis. From January 2021 the service will move to a mixed model of delivery, working from new premises.

A Wellbeing House was set up by Curo operating 5 days a week. However, additional short term funding (BSW Winter Pressures and Covid19) has enabled both Bath Mind and Curo to work together to increase staffing, extend the opening hours and to operate the Wellbeing House as a step up /step down model catering for people with more complex needs during the pandemic. This has been very successful and a model we are keen to maintain in B&NES.

Covid19 has had a huge impact on individuals, their families and services alike and has led to new emerging demands on services. A BSW 'Heart of the Crisis' virtual listening event was held in October with people with lived experience and frontline staff, to sense check how people were experiencing services during the pandemic.

During the pandemic, staff in mental health services across the statutory and voluntary sector have regularly reported significant increases in the acuity and severity of mental health presentations for both young people and adults. There is evidence to show that individuals being detained to inpatient settings are needing to remain there for a longer period due to the acuity on admission. Services are also seeing an increase for individuals who may have not been receiving secondary mental health services prior to detention or referral.

Locally commissioned services have reported increasing activity as children and young people have returned to school with increased levels of anxiety. Supporting data is not available for the report but is being confirmed. In response the B&NES Emotional Health and Wellbeing (EHWB) sub-group has made available one-off funding to support the development of 'preventative and 'targeted' mental health support for children and young people who are anxious because of Covid19. As a result, proposals from Off the Record and the Youth Connect are being funded to provide additional support and a range of interventions to those young people disproportionately affected by COVID19 to prevent their need escalating further requiring specialist support.

24/7 helplines have been established across the BSW footprint to support people at risk of going into crisis. This includes two urgent helplines, one for adults and one for

young people delivered by AWP and OHFT and a mental health line delivered by the third sector which includes Bath Mind in B&NES. This line had taken over 1,400 calls as at mid-December. These helplines will become part of the longer-term alternative to crisis model of delivery from April 2021.

A new Home Treatment and Crisis Resolution Service for children and young people is being funded and piloted from January this year as part of CAMHs to support the treatment of young people at home in the community and prevent admission. Additional funding is also being made available to for the Children and Young People Eating Disorder Services (TEDS) to meet the growing demand.

All schools and colleges offered a comprehensive package of resources to help them support the mental health and wellbeing of students and children as they continue their education during the pandemic.

Virgin Care have been instrumental in leading the development and operation of the Community Wellbeing Hub, alongside colleagues from 3SG, their members, BSWCCG and the Council. The Hub has provided a single point of access for community response and provides the most appropriate, joined-up intervention for anyone seeking support or guidance on COVID-19.

The Hub was set up in response to COVID-19, but its effectiveness has meant that it will now develop into an ongoing service for joined-up community response to support the wellbeing of residents into the long term.

During the third national lockdown the Hub will again lead on behalf of the Council, the implementation and co-ordinated delivery of the Covid-19 Guidance to local authorities on support for Clinically Extremely Vulnerable (CEV) individuals advised to shield.

The Commissioning Manager for Mental Health (LK) addressed the Panel in relation to the Community Mental Health Framework, a summary is set out below.

The NHS issued the new Community Mental Health Framework in early November 2020 and required local areas to work collaboratively to develop proposals to strengthen the local integration and coordination of community health services.

The implementation of the new model builds on the B&NES Mental Health Review which recognised the need for much stronger integration to enable all levels of mental health need to be met. It provides a national driver and funding to bring about this structural change.

The development of the model is co-ordinated by BSW using a co-production approach with which includes people with lived experience, locality commissioners, and representatives from the local authority and from third sector organisations.

Implementation will be supported by a three-year funding allocation for new staff and contracts with the voluntary and community sector through a non-competitive process.

Councillor Liz Hardman commented that she would ask for the priority to be early intervention to avoid crisis and hospitalisation as all too often it seems that the thresholds for intervention are too high. She added that the main risks seem to be insufficient resources alongside a rapid increase in demand which will add to the pressure at a time when the new model is being implemented.

The Senior Commissioning Manager for Specialist Services replied that the Thrive model has a stronger focus on early interventions and that some of the current thresholds are to be removed. She said that she thought the B&NES Mental Health Collaborative would be a good group to find the solutions required.

The Commissioning Manager for Mental Health (LK) added that there is an emphasis on partnerships within the new framework.

The Commissioning Manager for Mental Health (NM) said that the framework would support hospital / patient flow and that he felt that collaborative working has made a huge difference.

Councillor Alison Born asked if the timescales were known regarding the additional £10.3m from NHSE.

The Commissioning Manager for Mental Health replied that the deadline for submissions was the end of February, but the allocation date was unknown at this stage.

Councillor Andy Wait commented that he felt that the methodology behind the framework was sound. He asked how much time do the CAMHS Thrive Practitioners get to work in the 12 Secondary Schools mentioned in the report and how much time will each secondary school that isn't a CAMHS Thrive school have for CAMHS work.

The Senior Commissioning Manager for Specialist Services replied that the take-up of the offer varies enormously between schools – some take everything offered, some only one aspect for instance when they have a particular issue in the school. The current CAMHS **offer** is:

- a. Access to a 1.5 hour consultation each school term (6 a year up to 9 hours)
- b. Three day/half day training (staff/pupils/parents) visits per year (max 12 hours over 3 visits, 2 members of CAMHS staff)
- c. Ad hoc consultation by phone to discuss mental health concerns - as required, no limit.
- d. Three school based group sessions (1.5 hours) for pupils with particular issues e.g. exam stress, anxiety, per year (max 4.5 hours, 2 members of staff).

She added that this is in addition to the CAMHS Mental Health Support Team which is available in targeted schools (primary and secondary) in B&NES.

The Chair asked if B&NES was disadvantaged at all by this work coming under the STP (Sustainability and Transformation Partnership).

The Senior Commissioning Manager for Specialist Services replied that there are challenges to influence what we need locally, but more of an advantage in the expertise that can be shared across the area.

The NHS BSW CCG Chief Operating Officer added that the priorities for the locality are clear.

Kevin Burnett asked who had developed the agreed outcomes following the Mental Health Review.

The Senior Commissioning Manager for Specialist Services replied that the local outcomes had been developed alongside Virgin Care.

The Commissioning Manager for Mental Health (LK) added that the Mental Health Outcomes Framework was widely used across our services.

Kevin Burnett commented that prevention work should be recognised as a priority within Primary Schools as issues are on the increase in those settings.

The Senior Commissioning Manager for Specialist Services replied that a focus on prevention work has been recognised and that equity should be sought on how physical health and mental health are addressed within schools.

The Director of Children's Services added that schools in B&NES were consulted as part of the development of the Thrive model.

Councillor Alison Born commented that early intervention is crucial and that the problem of waiting times for assessments needs to be addressed.

The Senior Commissioning Manager for Specialist Services replied that this was an issue that she could take away and discuss further with BSW colleagues.

The Commissioning Manager for Mental Health (NM) said that locally work is carried out with partners to provide assurance of safety of an individual whilst they are waiting to be assessed.

The Panel **RESOLVED** to:

- i) Note the huge amount of partnership work and activity taking place to respond to Covid19; the increasing levels of engagement with adults and young people with lived experience; and the collaborative work to improve and develop services both at BSW and in B&NES.
- ii) Consider opportunities to further promote positive mental health and wellbeing and improve mental health outcomes for all ages in B&NES.
- iii) Acknowledge the role and work of front-line services and staff during the pandemic.

## 65 VIOLENCE REDUCTION UNIT

The Head of Young People's Prevention Services introduced this report to the Panel, a summary is set out below.

There is no universally adopted definition of serious violence. The national serious violence strategy (2018) focused on knife and gun crime and homicide and included drug dealing and robbery. A broader Avon and Somerset definition, developed in response to stakeholder feedback, added serious domestic abuse, serious sexual assault and rape. Locally, the focus to date has been on domestic abuse, youth violence, including knife crime and violence associated with the street community.

Bath and North East Somerset initially bid for funding to establish a Violence Reduction Unit in 2019 as part of the wider Avon and Somerset Police and Crime Commissioner's bid to the Home Office. The 'hub and spoke' model adopted, with a central strategic group and the five Local Authorities each developing their own approaches and receiving a proportion of the grant funding is particular to Avon and Somerset.

The Violence Reduction Unit is a virtual team made up of Local Authority and Police staff with directly relevant roles. It benefits from a proportion of a dedicated Home Office grant of £1.6m for Avon and Somerset, with Bath and North East Somerset receiving £114,884 representing 10% of the overall allocation, based on population and level of reported serious violence.

Local governance arrangements support a joined-up approach, with a multi-agency steering group overseeing delivery of the work plan and reporting principally to the Exploitation Sub Group of the Community Safety and Safeguarding Partnership but also to the Youth Offending Service Management Board, the Domestic Abuse Partnership and the Early Help and Intervention Sub Group. This is fitting as its ambition that children and adults lead lives free of serious violence at home and in their communities is a crosscutting agenda.

The core requirements in the first year of operation were to complete an all-age serious violence problem profile with a focus on under 25s and a response plan that in turn contributed to the wider Avon and Somerset submission to the Home Office. The problem profile was undertaken by Crest, drawing on publicly available and local data from a range of partners, together with qualitative information from young people and professionals, facilitated by Youth Connect South West and Lemon Gazelle respectively.

It concluded that although Bath and North East Somerset has a low overall rate of recorded violence relative to its population size, certain serious violence offences had increased significantly in the last five years.

The profile also highlighted that the demand for drugs is comparatively high in Bath and North East Somerset and that county lines are in operation, with their known links to exploitation and serious violence.

The response plan for 2020-21 identified key strategic and operational actions to address the risk of serious violence.

Work is underway to produce a logic model and/or pathway framework to identify the services available to address the risk of serious violence against known risk factors and to identify gaps. This will include consideration of early years' needs and build on the Early Help pathway.

A key development has been the establishment of a multi-agency Serious Violence Operational Group to identify individuals, networks and places of concern. The Police Serious Violence App is used to identify individuals at high risk of involvement in serious violence as victims or perpetrators (and often, both) and direct notifications can also be received from any agency.

Councillor Paul May said that he welcomed the work to help young people at the earliest possible opportunity. He added that the report heightened to him the importance of the work carried out by the Voluntary Sector. He suggested that the Panel receive a report in the future that demonstrates how the Council interacts with these organisations.

The Head of Young People's Prevention Services agreed that there is a fantastic local Voluntary Sector and that the Council seeks to work with them to maximise benefits where possible.

The Director of Children's Services agreed and said that there is a tremendous level of commitment from all our partner organisations.

Councillor Michelle O'Doherty referred to the issue of County Lines and asked how successful we were locally of breaking them up.

The Head of Young People's Prevention Services replied that there had been a pattern, pre-pandemic, of bringing in young people from outside of B&NES but that this was now changing. She added that work was ongoing in the Exploitation Sub-Group on this matter, that it is complex and very much relies on a partnership approach.

Councillor Liz Hardman asked how pupils and schools will be identified for the workshops relating to Knife Awareness and Stand Against Violence.

The Head of Young People's Prevention Services replied that DHI have been commissioned to deliver these workshops and that at the present time they will be held virtually, possibly through PSHE lessons to share a universal level of information.

Councillor Liz Hardman asked if there is enough safe accommodation to support those harmed from Domestic Abuse and their children.

The Head of Young People's Prevention Services replied that preliminary work on this matter is being undertaken by a task and finish group of the Domestic Abuse Partnership.

Councillor Yuktेशwar Kumar asked how incidents of racism are dealt with within schools.

The Head of Young People's Prevention Services replied that if incidents occur work is carried out with both the young people who have received the abuse and those that have inflicted it. She added that the Council was also contributing to work raised within the David Lammy report.

The Director of Education, Inclusion and Children's Safeguarding added that pieces of work were ongoing to highlight the need to report incidents of racism within schools and that a Race Equality Task Force has been set up.

Councillor Yuktेशwar Kumar asked how high achieving young people are supported in schools.

The Director of Education, Inclusion and Children's Safeguarding replied that every school should have a strategy in place to support their talented pupils.

Kevin Burnett asked how the views of young people will be accessed in the future, would it be through the SHEU survey.

The Head of Young People's Prevention Services replied that it would, and that Crest Advisory had been appointed to carry it out.

The Panel **RESOLVED** to:

- i) Note the progress made to date in establishing a local Violence Reduction Unit with its ambition that children and adults lead lives free of serious violence at home and in their communities;
- ii) Note that this work will continue to be a priority within the Community Safety and Safeguarding Partnership in readiness for meeting the obligations of a new 'serious violence duty.'

## **66 CORPORATE & BUDGET PLANNING 2021/22**

The Chief Operating Officer introduced this item to the Panel and gave a presentation, a summary of which is set out below and will be attached as an online appendix to these minutes.

### **Budget 2021/22 Headlines**

#### Revenue operating cost changes

- Council growth requirement of **£19.1m**, driven by:
  - Material rebasing of income budgets due to Covid
  - Funding new demand pressures, Children's and Adults Social Care
  - Contract Inflation
- Council Savings requirement of **£8.33m** across all portfolios
- Covid risk / contingency reserve of **£5m** proposed

### Budget funding changes

- Reserve funding requirement of **£10m**, to be repaid in future years
- Council tax increase **1.99%** & Adult Social Care precept **3%** proposed

### **New 2021/22 budget pressures / Covid impacts**

#### Emerging MTFs pressures £15.24m

- Commercial Estate £5m
- Parking £4m
- Heritage Services £4.24m
- Other pressures £2m

### **Strategic Financial Planning Themes**

#### Stabilise – Short term

- Reduce reliance on commercial income.

#### Transition – Medium term

- Reset business plans looking at new delivery models
- Revise the Council's operating structure
- Maximise opportunity through IT and smarter working

#### Change – Long term

- Implement new strategies for:
  - Social Care delivery
  - Resident focussed service delivery model

### **Areas of strategic priority and focus over the next two years**

- Continued investment to support the **most vulnerable** people in our communities.
- Continued commitment to secure action to address the **climate and ecological emergency**.
- Focus on supporting the **local economy** to recover from the impact of the pandemic.
- Support the **“Preparing for the Future”** programme to modernise the council with a focus on improved asset management and flexible working.

### **Adult Social Care Growth**

<b>Adult Social Care</b>	<b>2021/22 (£'000)</b>
Pay Inflation	166
Demography	951
Contractual Inflation	1,216

Budget Pressures	0
<b>Total</b>	<b>2,333</b>

### **Adult Social Care Savings Proposals**

Specialist and complex commissioning – contract and procurement review: £537,000. Strategically commission and procure a range of care and support services sufficient to meet identified needs and address gaps in B&NES and provide better value for money for people with complex and specialist needs.

Community – Review of care package delivery: £1,988,000. Review of existing packages to identify efficiencies

### **Public Health Savings Proposals**

Services to be delivered in a different way: £153,000. Following the previous uplift to the Public Health Grant, and the securing of the Integrated Sexual Health Service into a fixed payment 5 year term, funds will be reallocated to cover Public Health services delivered elsewhere within the Council.

Reduction of Post: £112,000. Part time post removed, reduction in Senior Leadership posts to be actioned, alternative grant funding will cover the Senior Leadership requirement during the continued pandemic with the removal of the post being actioned once we are through it.

### **Children’s & Education Services Growth**

<b>Children’s Services</b>	<b>2021/22 (£’000)</b>
Pay Inflation	120
Demography	2,173
Contractual Inflation	252
Budget Pressures	0
<b>Total</b>	<b>2,545</b>

### **Children’s & Education Savings Proposals**

Children's Centres: £43,000. Service efficiencies, provision is maintained, delivered in an alternative way.

School Improvement: £87,000. School Improvement to be funded fully from grant. This is a decrease in financial provision but due to reduced number of LA maintained schools, there is still sufficient resource to support these schools. Should support needed increase, there is a contingent plan in place to enable alternative internal resource to be reallocated.

Early Years SEND: £53,000. Delete Vacant Post (approx. 1 yr vacant). No change to current provision, which already delivers the same outcomes from this reduced financial envelope.

Councillor Paul May asked if the proposed Adult Social Care precept increase of 3% would be ringfenced.

The Chief Operating Officer replied that it was likely to come in as one pot and be used towards the growth element of the service.

Councillor Alison Born asked what effect the proposed £603,000 saving would have on the Reablement Service.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that the figure would not be coming out of the reablement budget, it is a reduction in the packages and purchasing budget. She added that the intention is to provide support to reduce the long-term needs / provision of services to patients.

Councillor Alison Born asked how confident were officers that the savings can be achieved.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that a lot of work has been carried out so far on projections and forecasting, but acknowledged that there would be more to do to deliver these measures.

Councillor Paul May commented that the standard of our services regarding care package delivery should not be lowered.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that it may be possible to achieve funding from another source on this matter and insisted the importance of making sure that eligible needs are met.

Kevin Burnett asked how work will be delivered in Early Years SEND when the vacant post is deleted.

The Director of Education, Inclusion and Children's Safeguarding replied that proactive enabling work is ongoing to make sure that children continue to have a voice within this work area.

Councillor Liz Hardman commented that she was concerned at the proposed significant £43,0000 saving relating to Children's Centres.

The Director of Children's Services replied that as part of the proposal we are aligning our early years support to St Martins akin to our support to other children's centres and early years settings. She added that savings in rent from St Martins is about delivering from a different location and reducing building costs, not a reduction in services.

The Panel **RESOLVED** to accept the proposals made within the presentation on the basis they were given whilst awaiting clarification of how the Adult Social Care precept increase of 3% would be used.

## 67 DIRECTOR BRIEFINGS - ADULT SOCIAL CARE & CHILDREN & YOUNG PEOPLE

The Director of Adult Social Care, Complex and Specialist Commissioning addressed the Panel, a summary of her briefing is set out below and will be attached as an online appendix to these minutes.

### Covid19 and Support to Individuals and Providers

We have continued to see an increasing rise in the number of people with care and support needs and staff supporting these people with Covid19. We are working closely with providers to support them alongside our colleagues in Public Health and across the wider Partnership.

We have had confirmation that PPE will remain free until the beginning of June extending this from the end of March.

We are working closely with providers and are supporting as much as possible the roll out of the vaccination programme which is underway across B&NES.

### Update from Safeguarding Adults and the Quality Assurance Team

The Council have been participating in work undertaken by the LGA on the impact of Covid-19 on Adult Safeguarding.

Monthly reporting was provided on a voluntary basis by 92 Local Authorities who hold adult social care responsibility. The national data closely aligned with our experience in B&NES - safeguarding concerns dropped markedly during the initial weeks of the COVID-19 lockdown period, only to return to and then exceed normal levels in June 2020.

The report noted a slight increase in concerns relating to domestic abuse, self-neglect and psychological abuse. Locally we did not see an increase in domestic abuse safeguarding concerns but did experience an increase in self-neglect issues.

### BCSSP Strategic Plan

The BCSSP is developing its strategic plan for 2021-2024. To do this, the current strategic plan is being reviewed and reflected on to ensure learning is captured and where necessary, actions progressed.

The work from the first 12 months of the BCSSP is being utilised to identify priorities for the partnership and a development day is being scheduled for March to consult with partners on those priorities and transcribe them into (SMART) actions for the BCSSP subgroups. This will be shared with the Panel.

The Director of Children & Young People addressed the Panel, a summary of her briefing is set out below and will be attached as an online appendix to these minutes.

### Thanks to Staff

Thanks to all our staff across Children's Services, our schools and colleges and our commissioned services for their hard work and commitment to supporting all children and young people across B&NES. Our offer has remained in place as the responsibility has not lessened during lockdown.

### Social Care

Children Social Care are actively supporting all families open to Social Care, so it is very much business as usual. We are continuing with face to face visiting for all children and young people unless risk assessment indicates this is not appropriate. The Local Authority Children Centres remain open and our Youth Offending Service continue to provide direct interventions for our young people at risk of offending in Broad Street. Connecting Families continues to deliver a comprehensive programme of support.

### Young Ambassador

I am delighted to say that our first Young Ambassador has started in post and we are currently recruiting a 2<sup>nd</sup> Ambassador. Following a successful event in November 2020, our next Children in Care Celebration Event will be Thursday 3<sup>rd</sup> June 2021.

Kevin Burnett asked if during the pandemic any backlogs had occurred with regard to Children in Need or Child Protection.

The Director of Children & Young People replied no and said that the service has continued to deliver Children in Need reviews and Child Protection Conferences, the latter are generally being held virtually.

On behalf of the Panel the Chair thanked both Directors for their briefings and for the work carried out by them and their respective teams in these difficult times.

## **68 PANEL WORKPLAN**

The Chair introduced this item to the Panel.

He reminded them that during the course of the meeting today they had agreed to receive a future report on the work of the Voluntary Sector and how it interacts with the Council.

The meeting ended at 2.20 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**