

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.

[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.
- 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 utmost 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