

BATH AND NORTH EAST SOMERSET

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

Monday, 10th July, 2023

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

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

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

1 WELCOME AND INTRODUCTIONS

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

2 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

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

4 DECLARATIONS OF INTEREST

There were none.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

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

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

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

There were none.

7 MINUTES: 14TH MARCH 2023

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

8 CABINET MEMBER UPDATE

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

Context for our families in Adult Social Care

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

Our culture and ethos in Adult Social Care

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

The last 2 years.....

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

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

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

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

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

Who Leads The Adult Social Care Team

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Integrated Community Based Care programme update

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

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

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

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

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

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

Royal United Hospital Urgent Treatment Centre

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 UPDATE ON THE INTEGRATED HEALTH & CARE STRATEGY

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

Integrated Care System - Purpose and functions

The purpose of ICSs is to bring partner organisations together to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development.

BSW Integrated Care System - How the BSW ICS is made up

Integrated Care Alliances (ICA) x 3

- Place-based partnerships of NHS, councils, community and voluntary organisations, local people, carers
- Lead the design and delivery of integrated services at place

BSW Integrated Care Board (Statutory NHS organisation)

- Develops a plan for meeting the health needs of the population,
- Manages NHS budget
- Arranges for the provision of health services in BSW

BSW Integrated Care Partnership (Statutory committee)

- Formed between the ICB and local authorities
- A broad alliance of organisations concerned health and wellbeing of the population
- Author of the Integrated Care Strategy
- Advocate for innovation, new approaches and improvement

Local Authorities x 3

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

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

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

- Excellent health and care services

BSW Care Model

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

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

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

B&NES ICA – Priority work areas and themes

Four key priorities that run across all of our themes

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

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

- The Health and Wellbeing Strategy (H&WBS) is based on meeting needs identified in the Joint Strategic Needs Assessment (JSNA), referred to locally as the Strategic Evidence Base.
- The H&WBS sets out the Board's strategic direction for B&NES population level outcomes and four broad high-level priorities for system partners to operationalise.
- The H&WBS has an implementation plan which gives further detail on the actions that organisations will take place to address those priorities.
- There are three actions in this plan that are the responsibility of the ICA to lead on. They have been identified as actions that align particularly well with the role of the Board's terms of reference, and that directly align with the ICA priorities and actions in the BaNES Locality Implementation Plan:
 - 3.3 Strategic approach to social prescribing- (ICA's priorities 2,3 and 4 and relevant cross cutting themes)
 - 4.4 Improve access to physical and mental health services for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based specialist services and our specialist centres. ICA's priorities 1, 2,3 and 4 and relevant cross cutting themes)
 - 4.5 The NHS, LA, Third Sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation. (Cross referenced to ICA's priorities 2 and relevant cross cutting teams)

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

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

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

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

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

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

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

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

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

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

11 HEALTH & WELLBEING STRATEGY - IMPLEMENTATION UPDATE

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

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

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

The Strategy has four key priorities:

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

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

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

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

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

Better Care Fund arrangements

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

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

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

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

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

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

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

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

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

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

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

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

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

12 ADOPTION WEST PANEL MEMBERSHIP

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

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

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

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

13 PANEL WORKPLAN

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

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

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

The meeting ended at 11.11 am

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services