

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 7 October 2020

Committee Room 6, Civic Offices

At 2.30 p.m.

Contact Officers:

Shaun Banks (Committee Officer), 07980 752047, sbanks@swindon.gov.uk

Swindon Borough Council can be contacted at the Civic Offices, Euclid Street, Swindon, SN1 2JH (Telephone 01793 445500)

AGENDA

NOTE:

The Committee will consider both written and virtual representations in respect of the Planning Applications to be considered. If you wish to make representations at this meeting you need to register with the Committee Officer by 12:00 noon on the day prior to the meeting. Further details are available from the Committee Officer. To view this meeting please click here (you do not need to log it or have a Microsoft account):

[Public Access - Health and Wellbeing Board](#)

This link will only work from 2:30pm on 7th October 2020.

For help on viewing the meeting, please visit: [Assistance with viewing](#)

1. Apologies for Absence

2. Declarations of Interest

Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.

3. Public Question Time

Please refer to the explanatory notes below.

4. Minutes (Pages 3 - 6)

To receive the minutes of the meeting held on 30th June 2020.

5. Covid-19 Recovery and Winter Planning (Pages 7 - 42)

6. **BSW Phase 3 and Winter Planning** (Pages 43 - 94)
7. **Winter (Covid) Pressures and Mental Health Demand**
(Oral – Police and Crime Commissioner)
8. **Joint Commissioning Group - Minutes for Information and Comment**
(Pages 95 - 106)

Date of Despatch: 05 October 2020

Public Question Time - Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). During Covid-19, you must submit your question to

CommitteeServices@swindon.gov.uk with your contact details 48 hours before the meeting so the committee officer can send you details about how to participate. The deadline is 16:00 on Monday 5th October 2020 Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above or to the Chief Legal Officer, we will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available on the Council's Website.

(<http://www5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sched=doc&cat=13338&path=0>)
or from the Committee Officer named above.

HEALTH AND WELLBEING BOARD

TUESDAY, 30 JUNE 2020

PRESENT:- Councillors David Renard (Chair) Ray Ballman, Brian Ford and Jim Grant; David Freeman (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), Keir Pritchard (Wiltshire Police), Vanessa Scott (Healthwatch Swindon) and Amanda Webb (Chair - NHS Swindon Clinical Commissioning Group).

Also in attendance were, David Haley (Director of Children's Services), Ian Jeary (Dorset and Wiltshire Fire Service), Susie Kemp (Chief Executive – Swindon Borough Council), Steve Maddern (Director of Public Health – Swindon Borough Council), Kevin McNamara (Great Western Foundation Trust), Sue Wald (Director Adults Social Services – Swindon Borough Council) and Pam Webb (Voluntary Action Swindon).

Apologies for absence were received from Councillor Mary Martin and Michael Ash (Head of Housing Services – Swindon Borough Council).

1. Appointment of Chair for the Municipal Year 2020/21

Resolved – That Councillor David Renard be Chair of the Board for the Municipal Year, 2020/21.

(Councillor Renard took the Chair.)

2. Appointment of Vice-Chair for the Municipal Year 2020/21

Resolved – That Amanda Webb (Clinical Commissioning Group) be Vice-Chair of the Board for the Municipal Year, 2020/21.

3. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

4. Public Question Time

No public questions were received during the meeting.

5. Minutes

Resolved – That the minutes of the meeting held on 11th March 2020, be confirmed and signed as a correct record.

6. A Local Outbreak Management Plan for Swindon

The Board considered a report of the Council's Director of Public Health setting out a draft of the Local Outbreak Management Plan (LOMP) for Swindon in response to the Covid-19 pandemic. In presenting the report Steve Maddern (Director of Public

Health) drew Members' attention to the following information:

- The Local Outbreak Management Plan was the Council's response to the Government's request on 22nd May 2020 that all Councils produce individual Covid-19 Outbreak Management Plans by the end of June 2020. These would receive Government funding.
- The Good Practice Network had been established by 11 beacon sites across England which were pathfinders receiving additional support to develop their plans and which were working to develop good practice which would be shared more broadly within their region.
- In the southwest Councils were confident that their plans were fit for purpose and flexible enough to adapt to new information and circumstances.
- The plan was strategic with operational plans sitting underneath it which were being further developed. These plans were co-ordinated with partner organisations.
- The National Advisory Panel co-ordinated work between the Good Practice Network and the government, including a formal framework which set out principles, described decision making responsibilities and outlining practical actions to be taken in the case of an outbreak.
- Local Outbreak Management Plans would be a key element of the NHS Test and Trace system operating on core principles of
 - i) rapid testing,
 - ii) integrated tracing to identify, alert and support those needing to self-isolate,
 - iii) the containment of local outbreaks using testing and other data, and iv) the use of data and information to inform decisions relating to social and economic restrictions to support public engagement and build public trust and participation.
- That Local Outbreak Control plans centred on 7 themes namely:
 - 1) The prevention and management of outbreaks in specific settings such as schools and care homes.
 - 2) The prevention and management of outbreaks in other high risk settings such as workplaces and high-risk communities.
 - 3) The deployment and optimising of local rapid testing capacity.
 - 4) The delivery of contact tracing in complex settings and cohorts.
 - 5) Access to relevant and correct data for the delivery of the themes and in preventing outbreaks.
 - 6) The support of vulnerable people and the delivery of appropriate services meeting the needs of diverse communities.
 - 7) Local action to contain outbreaks and to communicate with the local populace.
- The governance of the Local Outbreak Management Plan by the Director of Public Health through the Council's Gold Command Group, the Covid-19

Health Protection Board and the Health and Wellbeing Board.

- Future work under the Local Outbreak Management Plan, including
 - i) the creation of a multi-agency COVID-19 Health Protection Board,
 - ii) the development of operational action card which would cover a number of scenarios for local use in respect of local management in the event of a local outbreak,
 - iii) practitioner training in outbreak management across partner organisations,
 - iv) the rapid deployment of testing capacity,
 - v) prevention activities including the communication of key information, and
 - vi) the integration of data and work streams.
- The role of a communication strategy to the local populace to reinforce national messages, in particular to high-risk groups and communities and key workers.
- That the management plan had been approved by the Covid-19 Health Protection Board and Council's Covid-19 Gold Command Group.

Following the presentation Members discussed the following issues:

- The plan's adaptability to deal with any future pandemic outbreaks on a strategic and operational level both in its own right and as part of wider multi-agency plans.
- The use of money received from central government to support the establishment of the plan and work streams arising from it.
- On-going discussions at a national level in respect of powers that would be available to local government during any local outbreak requiring quarantines. These were anticipated to be in addition to current powers available to Public Health and the Police.
- The definition of an outbreak which was two or more individuals linked to a single setting (but not household) which could lead to multiple outbreaks within an area covered by a local authority.
- The threshold for a borough lockdown and potential central government intervention during a local outbreak. This would occur when the local situation was unmanageable for local level services. Discussions were on-going at a national level in respect of the establishment of local and regional infrastructure to support interventions.
- Great Western Hospital's outbreak plan, which had been informed by Wester-Super-Mares' recent experience, and its interaction with the Council's management plan.
- Operational plans drawn up by Great Western Hospital in the event of either a local outbreak or a 2nd wave scenario.
- Organisational risk assessments for staff and in particular high-risk groups such as BAME and how these interacted between sectors.
- The effect of Covid-19 planning on planning for winter service provision and

capacity.

- The strength of partnership working across Swindon and Wiltshire both on a strategic and operational level.
- The lessons that might be learnt from the Leicester lockdown.
- Enforcement powers available to the statutory authorities in preventing and dealing with any outbreak and the need for clear enforcement legislation for the public and businesses to understand and follow.
- Likely challenges to the relevant authorities should there need to be a local lockdown or should some activities that had been recently relaxed need to be reversed.
- The transfer of decision-making powers under the management plan once this was authorised by central government.

Resolved – (1) That subject to confirmation by Council:

(a) the Local Outbreak Management Plan attached at Appendix One and recommend to Council that it be approved and adopted; and

(b) the Director of Health in consultation with the Covid-19 Swindon Health Protection Board and the Cabinet Member for Adults and Health, be authorised to amend and update the Local Outbreak Management Plan to reflect the change of science and evidence-based working on the prevention and management of Covid-19 related outbreaks.

(2) That the re-purposing of the existing officer and partner engagement body' known as the 'Health Protection Board', as the Covid-19 Swindon Health Protection Board be noted.

Covid-19 Recovery and Winter planning

Health & Wellbeing Board

Date: 7th October 2020

Authors:	Sue Wald, Corporate Director of Adult Social Services, Health & Housing, David Freeman, Chief Operating Officer CCG, Kevin McNamara, GWH Acute and Community, David Haley, Corporate Director Children's Services, Kier Pritchard, Chief Constable
Wards:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 Covid-19 is a type of Coronavirus that has caused an international pandemic in 2020, and a public health emergency. This report updates the Health & Wellbeing Board on pertinent information relating to the Council's, CCG's and GWH and Community and the Police recovery to the coronavirus pandemic as well as forthcoming winter plans.
- 1.2 This report is an update of the reports on Covid 19 presented to Cabinet 9th September 2020), Adult, Health & Housing Overview and Scrutiny (3rd September 2020) and Children's Health, Social Care and Education Overview & Scrutiny 16 September 2020
- 1.3 The government published the Adult Social Care winter plan on 18th September 2020 and the NHS Phase 3 and winter planning guidance on 31st July 2020. This report also provides an update in relation to this guidance.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report
- 2.2 Identify any areas of concern or interest that require further investigation.

3. Context

Global

- 3.1 On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19. WHO declared Covid-19 Pandemic on 11 March 2020. The WHO coronavirus dashboard has country by country information. WHO also publishes a daily international situation report.

Covid-19 Recovery and Winter planning

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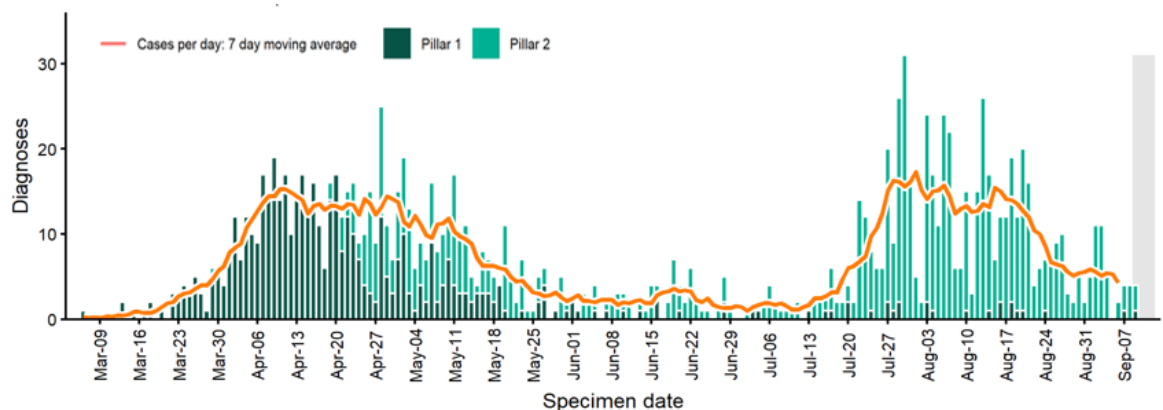
National

- 3.2 Initial cases were first suspected cases in the UK in late 2019 with the first confirmed cases in January 2020. In March community restrictions began and full lockdown was in place from end of March. From May and into June 2020 lockdown restrictions have begun to ease in-line with Government plans. The total number of confirmed cases in the UK is published by the Department of Health and Social Care, and is available in a visual dashboard.

Local

- 3.3 The first recorded case in Swindon was on 6th March 2020. Since then, up to 20th September, Swindon has seen 1312 cases. During a spike of cases in August 2020, the Swindon case-rate peaked at 51.8 per 100,000 (04 August 2020) and has seen been both an 'area of concern' and an 'area for enhanced support' on the national Covid-19 watch-list. With great efforts, effective testing strategy and engagement at community level, the case rate has seen a steady decline to the current figure of 8.6 per 100,000 and saw removal from the watch-list on 18 September 2020. This new case rate is below both the regional (11.8 per 100,000) and the national 38.7 per 100,000) as of 20 September 2020.

Figure 1: Swindon cases 03 March 2020 – 12 September 2020



- 3.4 The first death from COVID-19 was reported in Swindon in the third week of March and sadly 171 Swindon residents have died with the virus up until the week ending 6th September 2020. Through the ONS data we know that 40.9% of Covid-19 deaths occurred in care homes and 53% in hospital. Covid-19 deaths currently account for 10.6% of all deaths in the Borough (see table 1 below). Figure 2 below highlight the excess deaths relating to Covid-19 and plots the

Covid-19 Recovery and Winter planning

Health & Wellbeing Board

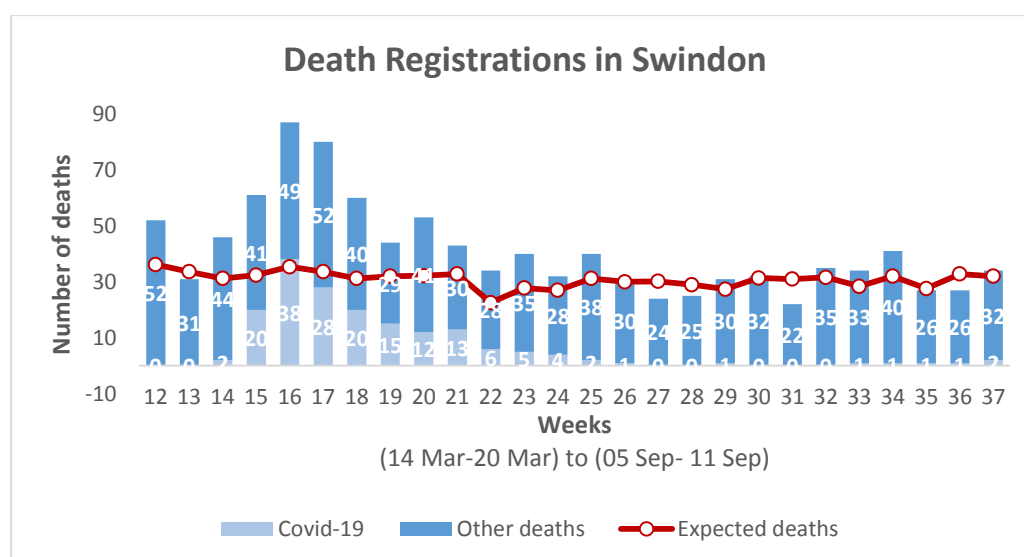
Date: 7th October 2020

number of expected deaths, and include the overall deaths registered in Swindon and the overall deaths related to Covid-19 between March and September 2020.

Table 1. Place of Death (Death Register – 30 December 2019 to 06 September 2020).

Place of death	Care home	Elsewhere	Home	Hospice	Hospital	Other	Total
Swindon - all deaths	398	37	457	50	664	1	1607
Swindon – Covid-19 deaths	70	1	8	0	92	0	171

Figure 2. Death Registrations in Swindon



4. Covid-19 Recovery and winter planning

Adult Services

- 4.1 The Adult Social Care Recovery Plan has focused on learning from the experience of Covid 19. Hospital discharge services have been provided 7 days a week and this will continue to be provided as part of the recovery work.
- 4.2 Social work assessments and reviews were undertaken during Covid so that the majority of people seeking support or being discharged from hospital could be supported at home.

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- 4.3 The Learning Disability services have focused on increasing the delivery of short terms breaks for families at Firethorn as well as the opening of Ok4U at a reduced rate to ensure social distancing.
- 4.4 The support to care providers has been a priority for the Council. Financial support was provided in April 2020 to all providers as well as the distribution of the Infection Control Grant part 1 for costs incurred between April and September 2020. The government announced the continuation of the Fund and we are currently awaiting further guidance. A Care Home Support Cell was established between the CCG, Public Health and Adult Social Care in May 2020. There has been weekly communication and video conferencing with providers as well as a single point of contact.
- 4.5 The sourcing of Personal Protective Equipment has improved recently after the Council stepped in to source items. As part of the Winter Plan, PPE for social care providers and wider Council care services will be funded by central government. We will need to monitor the national portal closely to ensure that sufficient stock is in place for providers.
- 4.6 The government has set out a list of recommendations as part of the Winter Plan. We will be working with providers and the NHS to implement all the relevant recommendations. The following recommendations apply to adult social care, the NHS and public health specifically :

- 4.6.1 Local authorities and NHS organisations should continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers

Putting residents and people who receive care and support at the centre of what we do is central to strength based social work. We work closely with the voluntary and community sector, parishes and community groups and Health Watch to ensure we take account of the views of residents in the development and promotion of our services. A specific meeting has been put in place with representatives of the large voluntary sector organisations to share lessons learned. The voluntary and community sector is part of the Professional Leadership network and the priority work streams to improve the health and wellbeing of the residents in Swindon

- 4.6.2 Local authorities must put in place their own winter plans, building on existing planning, including local outbreak plans, in the context of planning for the end of the transition period, and write to DHSC to confirm they have done this by 31 October 2020. These winter plans should incorporate the recommendations set out in this document. NHS and voluntary and community sector organisations should be involved in the development of the plans where possible

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Swindon Borough Council has actively contributed to the NHS winter plan both at a local level and at BSW. Following the publication of the Social Care Task Force report and the Social care winter plan, we will now complete a specific social care winter plan in partnership with NHS and voluntary sector partners using existing for a such as the Professional Leadership Forum and Delivery Hub

- 4.6.3 Local Authorities and NHS organisations should continue to recognise the importance of including care provider representatives in local decision-making fora, ensuring they are involved throughout. Local authorities should implement relevant guidance, and circulate and promote guidance to all social care providers including in the voluntary and community sector making clear what it means for them

Swindon Borough Council has a well-established provider forum and these have continued during Covid 19 virtual and increased in frequency. There are weekly calls with providers as well as written communication. All guidance is summarised in those briefings and in the written information to providers.

- 4.6.4 Local authorities and NHS organisations should continue to address inequalities locally, involving people with lived experience wherever possible, and consider these issues throughout the implementation of this winter plan.

Reducing inequality and health inequality is at the heart of the BSW Phase 3 and winter plan. Swindon Borough Council is part of all the BSW planning for a where action is planned to reduce inequality. We will be working across the NHS, social care and public health to strength this work and ensure that actions are reflected in the forthcoming winter plan.

- 4.6.5 Local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions

We will be distributing the funding in accordance with the new guidance once this has been received.

- 4.6.6 Local systems should continue to take appropriate actions to treat and investigate cases of COVID-19, including those set out in the contain framework and COVID-19 testing strategy. This includes hospitals continuing to test people on discharge to a care home and Public Health England local health protection teams continuing to arrange for testing of whole care homes with outbreaks of the virus. Local authorities should ensure, as far as possible, that care providers carry out testing as set out

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in the testing strategy and, together with NHS organisations, provide local support for testing in adult social care if needed

Great Western Hospital has committed to testing of all patients admitted to a care home on discharge from hospital. All care home placements are arranged through the local authority and support for providers in relation to safe admissions is in place. Specific discharge to assess placements have been put in place where providers are experienced in supporting those discharged from hospital. All Swindon providers have registered on the Capacity Tracker. In addition, all care home providers have registered and completed the first set of weekly staff testing and monthly testing of residents. Providers have raised the delay in receiving tests and in getting test results. This has been raised regionally through the Director of Public Health and nationally through ADASS. Regular information about test eligibility is provided by Public health

- 4.6.7 Local authorities should provide free PPE to care providers ineligible for the PPE portal, when required (including for personal assistants), either through their LRF (if it is continuing to distribute PPE) or directly until March 2021

Swindon Borough Council established its own project to source PPE from independent providers. All social care providers have received PPE in an emergency where this was required. Going forward social care providers will be able to register on the national portal and receive PPE free of charge until 31 3 2021. In addition Swindon Borough Council will continue to maintain stock to support providers, the voluntary and community sector and personal assistants with PPE

- 4.6.8 Local Authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage those who are eligible for a free flu vaccine to access one

Swindon Borough Council is working with the CCG on a flu vaccination plan. A specific communications plan will be in place let by the Cabinet Member to promote vaccination across Swindon. The Swindon flu plan is part of a BSW wide plan.

- 4.6.9 Local authorities and NHS organisations should continue to work with providers to provide appropriate primary and community care at home and in care homes, to prevent avoidable admissions, support safe and timely discharge from hospitals, and to resume Continuing Healthcare (CHC) assessments at speed

Swindon Borough Council and the CCG have jointly worked on winter schemes to ensure the availability of domiciliary care, reablement, discharge to assess beds, social work and therapy 7 days a week. Reablement is also in place for people to prevent hospital admission.

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Additional support has been provided to MIND and Swindon Carers Centre to address the increase in demand and prevent carer breakdown. CHC assessments have commenced and a jointly agreed plan is in place.

- 4.6.10 NHS organisations should continue to provide high-quality clinical and technical support to care providers through the Enhanced Health in Care Homes Framework and other local agreements.

The CCG has worked with community health services, GPs and pharmacies to ensure each care home has a named clinical lead

- 4.6.11 Local authority directors of public health give a regular assessment of whether visiting care homes is likely to be appropriate within their local authority, or within local wards, taking into account the wider risk environment and immediately move to stop visiting if an area becomes an 'area of intervention', except in exceptional circumstances such as end of life

Adult Social Care and Public Health have issued visiting guidance to all care home providers. All care homes must complete a risk assessment which is being authorised by the Director of Public health and the Director of Adult Social Services. All risk assessments must include clear procedures in relation to infection control.

- 4.6.12 Local authorities should work with social care services to re-open safely, in particular, day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements

Swindon Borough Council has already taken steps to support carers through additional funding for the Carers Centre, carers sitting services and the re-opening of Ok4U. we are currently working with Extra Care providers and First City to develop a plan for day services for older people.

Public Health

- 4.7 The Public Health team have worked with colleagues across the Council and externally to keep the population of Swindon as safe as possible in very uncertain and ever changing times. This includes ensuring local understanding and implementation of national guidance, but also that the public health principles of focusing on inequalities; supporting the most vulnerable; using the best available intelligence and evidence to inform decision making, and working in partnership to deliver measurable impacts underpin our response and recovery.

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4.8 Much routine public health work has reduced or stopped completely to ensure resources have been available to support the Covid-19 response. The Live Well Team have adapted to initially provide a 7 day a week response service for people who were shielding, vulnerable and needs any support in terms of food, medication, befriending or home assistance (see separate section further in report). This has continued with the pausing of the shielding programme but the team now also delivering our community engagement response with others in the Council to reach out to those who are at increased risk of the disease. Public health has also:

- developed a daily Covid specialist rota providing answer, information and guidance across SBC and to the public and other partners
- provided an 24/7 out of hours rota at both consultant and specialist level
- provided a weekend on call service for food and medication enquiries
- been part of all Swindon Borough Council recovery cells
- supported Health & Safety in reviewing over 30+ risk assessments and providing public health advice to individual requests from colleagues, partners and the public
- led the establishment of a silver and bronze structure to sit under Gold in managing our current increase in cases. This includes bronze groups on intelligence, community engagement, communications and outbreak management.
- established daily Incident Management Team meetings with key Health and Social Care settings and a daily brief to all LRF partners from the DPH in addition to a daily brief to SBC Gold (recovery and response).
- Lead on the management on the prevention and management of outbreaks with health protection colleagues at Public Health England.

Management of Cases and Outbreaks

4.9 Since the start of the pandemic we have had a number of outbreaks, mainly in workplaces, care homes and schools. Between 30 August and the 12 September there have been 13 outbreaks.

4.10 Our prevention and management of cases and outbreaks is defined by the Swindon Local Outbreak Management Plan (LOMP) which defines local response under the following themes:

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- Care homes and schools: planning for local outbreaks in care homes and schools
- High risk contexts, workplaces and communities: identifying and planning how to manage other high-risk places, locations and communities of interest
- Vulnerable people: supporting vulnerable local people to get help to self-isolate
- Testing: overseeing of local testing
- Contact tracing: assessing local and regional contact tracing and infection control in complex settings
- National, regional and local intelligence: identifying and responding quickly to outbreaks
- Engagement, communication and governance: establishing a COVID-19 health protection committee and local boards

4.11 Examples of how this has translated into action includes:

- Management of a number of workplace outbreaks across the Borough
- Development of community specific action plans including for homelessness, gypsy and traveller communities, businesses etc
- The ongoing establishment of the care home support cell which works with health and social care colleagues to support care homes
- Local support to follow up cases through test and trace that national and regional teams have not been able to contact, and participation in a national contract tracing pilot
- Local letters out to every Swindon positive case
- Leaflets and local engagement across SN1 and SN2 and other areas of concern.

5. Testing

- 5.1 Nationally testing is delivered in two ways: Pillar 1 which includes care homes and health staff and Pillar 2 which covers community testing. Positive results are followed up by the national test and trace service and since the end of July, supported with local follow up from our regional PHE health protection team.

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- 5.2 In Swindon we have three testing sites: a regional testing site at Wroughton Park and Ride; a mobile testing site at Civic Annex (previously County Ground) and Broadgreen Community Centre.
- 5.3 Despite national lab capacity issues across first two weeks of September, over 6000 tests had been completed with 1500 postal test kits have been distributed in Swindon.

6. Community Engagement

- 6.1 Public health has worked collaboratively with colleagues across the Council and more widely in the development of the Swindon It's up to you campaign and also to engage in depth with community leaders and the public.
- 6.2 Work has also focused on supporting businesses and education. For businesses this includes letters to remind businesses of the need to follow guidance and link to the national 'action cards' in line with our local outbreak management plan; a 'feet on the street' approach to businesses on Manchester Road, Cooperation Street and Broadgreen including shops, other retailers, barbers etc; targeted visits by Environmental health officers and community policing teams where concerns have been raised or additional support is needed. The public health team working with environmental health colleagues have engaged with over 600 businesses including delivery of two Covid-19 business seminars to cover how business can prevent outbreaks and what to do in the event of an outbreak.
- 6.3 Working alongside the education team we have worked closely to provide resources and information to schools including on cleaning environment, hand washing, social distancing, isolating and information to support parents as well as review risk assessments which have been linked to the Swindon LOMP and school setting outbreak management guidance. School reopening work has included advice on school transport, Early Years and SEND pupils/ families, movement around school, use of school areas such as outdoor play areas, toilet facilities, break-time arrangements, and activities to do and not to do in the curriculum.
- 6.4 **Live Well Swindon**
 - 6.1 Swindon's Community Health and Wellbeing Service has played an integral role in the response to Covid-19. The team has harnessed existing connections, processes and resources to respond to the needs of local people and national requirements. Live Well Swindon, as the existing main point of contact, was quickly identified as the best resource to step up into the role of the Community Resilience Hub.

Shielding

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- 6.2 Those individuals identified as Clinically Extremely Vulnerable by the NHS were added to a data set and sent to local authorities to manage. A tracker was set up to record all residents who were shielding, along with the outcomes and activity associated with them. Data arrived from the national team on a daily basis and a system put in place to make contact with every resident to provide reassurance and information about how they could be assisted. These calls continued with a total of over 5000 conversations taking place. As well as the calls, shielding residents received 4 letters throughout the period offering information, advice and signposting.
- 6.3 The service received a supply of food from DEFRA in the weeks before the central DEFRA deliveries began. With the help of our military planners, we were able to organise and distribute the stock to those who were shielding and awaiting their first delivery from DEFRA. The stock we received was relatively limited which meant the team found ways to supplement the offer through: shopping ourselves for residents; utilising the Swindon Emergency Assistance Fund (SEAF) vouchers; and creating strong partnerships with local food outlets and supermarkets. Once the DEFRA food was being delivered by the national team, we continued to play a role locally. There were large numbers of individuals who had problems with setting themselves up on the system, missed deliveries or experienced difficulty in getting a supermarket slot. All these enquires were fielded to the Live Well team who managed individual cases with excellent results.
- 6.4 Those that were shielding were also in need of assistance with prescription collection and delivery. We set up a specific process to manage demand, working closely with community pharmacies, Parish Councils and volunteers to ensure we could offer a swift and local response. During the period, the team collected and delivered over 3200 prescriptions to local residents
- 6.5 With the exception of the free DEFRA food boxes, the service offered the same response to those residents who were self-isolating and had no other means of support. The service offered check in and chat calls for anyone needing some comfort, company or reassurance. A significant number of SBC staff and volunteers assisted with this and in total made check in and chat calls to over 750 residents, many of whom received a regular communication with an allocated befriender.
- 6.6 The service forged a successful partnership with Wiltshire Fire and Rescue who on our behalf carried out door knocking to those households who we were unable to contact as part of the shielding programme. This provided reassurance to residents as well as alerting us to any concerns or additional needs. The Fire Service visited 500 homes during this period. The Live Well Team carried out an additional 58 visits to people who we were unable to make contact with over the phone or had intelligence of a wellbeing concern.

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Following the pausing for shielding, the service have continued to stay in touch with the national team to ensure they are full prepared should it be necessary for shielding to start again. A task group has been re-established to prepared local response and have plans in place should it be required.

Food Delivery

There were limited options for delivery of food from supermarkets and these also relied on access to the internet. In a matter of days we set up a food purchasing, packing and delivery service and were able to offer a range of boxes to local residents through our contact centre and our food outlet at Lydiard House. We were able to adapt our offer to suit demand and accommodate dietary requirements. The Service also utilised the SEAF (Swindon Emergency Assistance Fund) to offer a free box to those facing financial difficulty. In total, the team have packed and delivered 1100 food/household parcels

The service initiated strong relationships with our community and voluntary sector partners and local supermarkets so we could maximise opportunity for local residents (Food Collective, VAS, Scrapstore, Night Shelter). Morrison's in particular donated large amounts of produce weekly for use to assist residents who were unable to afford the paid for boxes or in cases where we needed to offer an emergency package due to a crises. Most recently, Swindon were a part of the national pilot to refer residents to the Iceland and Tesco delivery service.

Volunteers

In partnership with Voluntary Action Swindon and Volunteer Centre Swindon, the Council launched Compassionate Swindon to recruit and deploy volunteers to assist with the Covid-19 response. Over 600 local residents showed interest and introduced a vetting system to ensure we put the necessary safeguards in place. 300 volunteers have supported the community during lockdown and the easing of lockdown and we have a programme in place to continue to engage with this valuable resource going forward.

The Live Well hub team and volunteers have been fundamental in the community engagement activities needed to drive down local level case rates using a 'feet on the street' approach working in conjunction with community policing teams, Fire and Rescue and also our own environmental health teams.

Members of the team have been involved in the response to Covid-19 offering assistance in the delivery of local outbreak management plan to ensure local residents are supported during this difficult and unprecedented time. The team have been involved in the following tasks:

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- following up with residents once they have tested positive to COVID 19 and making sure they understand what they need to so and have the support they need to remain safe, well and self-isolated
- co-ordinating and delivering letters to SN1/SN2 households detailing key messages for staying safe
- Shopping task, collection and delivery of food and medication
- Welfare visits to those households who we are concerned about in terms of their general wellbeing but also in terms of their needs during the period of self-isolation
- Dealing with calls from residents- in excess of 3500 calls between March and Sept
- Community engagement activity (feet on the street) giving out leaflets, hand sanitisers, face masks and having conversations
- Partnership with Police and Fire the development of a Community Engagement plan and schedule of activity
- Co-ordination of translated materials for BAME communities
- Setting up and facilitating a BAME Reference Group
- Managing the Community Engagement Bronze Group, co-ordinating and recording engagement activity across the wider community, business and local settings, including schools
- Regular meeting across the Community and Voluntary Sector and with faith groups to ensure we are keeping in touch with impacts around social, financial and digital inclusion, loneliness and isolation and health and wellbeing.

Housing

Homelessness Service

- 6.7 Since the outbreak of the pandemic, the focus has been on preventing homelessness during lockdown as well as accommodating and supporting all rough sleepers. 38 individuals who were either sleeping rough or at risk of sleeping rough have all been supported since March. After successful negotiations with private landlords and hoteliers extra capacity was obtained to accommodate everyone sleeping rough. The Homelessness Service continues to work closely with the Ministry of Housing Communities and Local Government on both the “Every One In” and “Next Steps” programmes for Rough Sleepers

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supported during the pandemic. . The Council has recently been successful in its bid for the first tranche of funding under “Next Steps”.

The majority of the homelessness voluntary sector have understandably been restricted in what services they can offer, the Council’s Homelessness Service has therefore necessarily committed itself to the main operational activities required. For example, The Haven, operated by the Swindon Night Shelter remained closed until August, but the Council’s Rough Sleeper Team continued to offer frontline outreach services. The Council has maintained contact with key partners to support and step back up their operations at the appropriate time.

The Secretary of State announced an extension of Government ruling that evictions and possession proceedings could not restart until 20 September and even so with restrictions. Additional accommodation has also been identified with private landlords should it be required as possession action returns, however the Homelessness Prevention Team are in regular contact with all clients at risk with personal housing plans in place that take account of this risk.

Tenancy Services

- 6.8 Rent arrears which are Covid 19 related within the Council’s housing portfolio have increased. As at 8 September 2020 366 tenancies have arrears relating to financial pressures caused by Covid 19 amounting to £215k. Dedicated support is available to support tenants in difficulties and rent arrears processes have been adjusted to work with tenants on realistic repayment schemes taking account of individual circumstances

Sheltered and Supported Housing has been a key priority to maintain safe systems of work, for example the use of communal areas have had to be limited and home visits reduced to essential activity. However from an early stage contact has been made with all tenants over the age of 70, over 1000 contacted by telephone and 400 by letter, ensuring that wider needs were being met particularly for those shielding. This intervention has been particularly well received. There has been no disruption to the Homeline Service although risk assessments ensures the appropriate working methods and use of PPE are in place

Repairs and Lettings

- 6.9 Non-urgent repairs ceased in March due to the risks associated with home visits for residents and operatives. A considerate and gradual approach has helped focus on backlog repairs and manage the control of planned maintenance works. The upgraded online repairs portal and new video interaction solution will help to reduce the number of in-home visits and provide significant improvements to how we operate. Work recommenced on non-urgent repair requests on 21 September 2020. In addition, plans are in place to let new framework contracts to provide flexibility for future programmes of work. Lettings were reduced in the initial weeks of the pandemic as house moves were prohibited, but the service has

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managed to make available every possible home for those in greatest need. July, August and September saw increased activity with the normal Housing Bidding system fully operational.

Great Western Hospital NHS Foundation Trust

- 6.10 Our first COVID-19 patient was admitted to our Intensive Care Unit on 11 March and since then we have cared for more than 400 patients who have tested positive.
- 6.11 Throughout the pandemic, like colleagues across the health and care sector, our staff have worked extremely hard over a long period. A real team effort has meant that we were able to treat every patient who needed care for COVID-19 – which in itself is a significant achievement.
- 6.12 The tragic impact of coronavirus has been felt very strongly at our Trust with two members of our frontline team dying of COVID-19. To date, 129 patients have died at the Great Western Hospital. Many other patients have been very ill and undergone prolonged periods of recovery and our thoughts are with all those affected. To be able to be prepared to treat the expected influx of Covid-19 patients we had to postpone other non-urgent patient activity which of course means patients are now waiting longer for treatment which we fully recognise and apologise for the impact on them.
- 6.13 We currently have a relatively low number of patients with suspected or confirmed COVID-19 in the acute hospital, but are conscious these numbers can change at very short notice. Whilst numbers are low, the operational impact of a relatively small number of patients has a disproportionate impact on our operations due to the need to isolate and maintain good IPC procedures to keep patients, visitors and staff safe. This is also at a time when social distancing rules mean that we have lost a significant proportion of bed and clinic capacity.

The number of patients we treated did not significantly change during the period Swindon was on the Government watchlist from 4 August to 18 September experiencing a spike in mid-August over a period of a few days. During this time we stepped up our incident control room arrangements to ensure we were ready for any increase. Our Trust was part of the whole system response to this situation and we saw the benefits of partners working closely together.

Testing remains a challenge at this time. To support the national Test and Trace App, we now ask patients and visitors to scan the QR codes in waiting areas to record they have attended so they can be contacted if necessary. We have advised our staff to repeatedly try to book online for a local or at home test but if they really cannot access a slot, we have been able to make a limited number of tests available for staff on site at Great Western Hospital to prioritise for those staff due on shift in the next 48 hours. We are also providing some testing support to Primary Care and other care settings.

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Looking after our staff is our top priority given the impact on them – particularly off the back of a busy winter last year running straight into a pandemic response. We have a comprehensive staff support package in place, and we have invested a further £200k in this to ensure our teams have a range of help and support available to them when they need it, 24/7. This programme has been nationally recognised and we will continue to listen to our staff and support them wherever we can.

Primary and Community Care

- 6.14 Our primary care network and community services played a key role in the Trust's overall response to coronavirus, providing care and ongoing support for some of the most vulnerable people in society.

These teams have worked really well together, both in terms of supporting the work of the acute hospital and also providing ongoing care to some of the most vulnerable people in society.

In primary care, we are now able to provide more face to face appointments for those patients where this is more appropriate than a virtual appointment.

Strategic flu planning is underway to identify the highest risk groups, and we are looking at initiatives such as Saturday clinics but challenges remain with social distancing requirements and the increased number of groups who require vaccinations.

Re-starting services

- 6.15 Our internal Reset and Recovery Board continues to examine proposals from our services for them to restart in line with clinical priority. Services have to demonstrate they have considered issues such as staffing, capacity, and availability of PPE, medicines, bloods and other consumables, but also that they have considered new and better ways of working – rather than just returning to the way we have always worked.

Although we have safely restarted many services, we have not been able to do so at pre-COVID levels in many cases. The fact remains that our waiting list has grown significantly due to our routine activity needing to be cancelled early on in the pandemic and our reduced capacity. Waiting times, and patients not accepting or not attending their appointments, remain real challenges for us and the whole system and we are working with the Independent Sector and other Acute Providers across Bath and Wiltshire to explore ways we can support each other to bring waiting times down.

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Social distancing and the reorganisation of the hospital has impacted upon our bed capacity – we have lost over 100 beds from a system which was already in deficit.

We are working to increase our capacity to be able to run more outpatient clinics and are planning for an increase in referrals. There are particular backlogs in areas such as ENT, Ophthalmology and Dermatology which we are working to address. In diagnostics, areas of focus include endoscopy, CT, MRI and non-obstetric ultrasound. We are working to maximise the capacity available across the health system, but the reality is that patients are likely to have to wait longer for treatment.

Lessons learned and new ways of working

- 6.16 As an organisation we have learned a great deal from COVID-19 and many of the improvements we introduced during the pandemic will continue.

We will fast-track the implementation of some key lessons learnt such as the use of virtual technology to enable remote consultations and better use of the space we have available to us.

The changes made mean that patients' experience of healthcare now and in the future will be radically different to pre-COVID - many patients will be assessed virtually and won't need to visit us. For those who do enter our buildings, we take every measure to stop all but essential close range contact from arrival to leaving. All staff and visitors to our buildings must now wear face masks or coverings, one way systems are in place, the number of entrances in use has been reduced, and we ask visitors to ring in advance of travelling and only come if they really have to.

Staff are working in new ways – we ask staff to work from home if they can, and take every precaution to protect themselves and others if they do need to physically attend work.

Preparedness for a second wave and winter

- 6.17 As a system we continually monitor the prevalence of cases in the community and prepare for an anticipated second wave. Work is well underway to ensure we are as ready as we can be.

We learned a significant amount during the first wave but know that this time the additional challenge will be to keep as many important diagnostic, outpatient and elective services running as we possibly can.

In the event of a significant rises in cases, we will return to our COVID-19 management response structure at short notice and have the ability to expand our ICU capacity within a few hours.

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However, while we know a lot more about COVID now than we did earlier in the year we also now face a significant number of challenges at the same time.

These include:

6.18 Winter - this year's winter plan strongly aligns to our COVID recovery actions rather than being a separate standalone plan. There are three key priorities in this plan:

- Delivering the COVID phase 3 recovery
- Increasing the discharge of patients where safe to do so
- Avoiding people being admitted to hospital where clinically safe and appropriate

Flu: this year will see the biggest ever flu campaign. Our internal campaign has launched with a focus on getting as many staff vaccinated as quickly as possible and it is important that all of us across Swindon play our part in this.

Brexit – we are planning for the impact of the withdrawal from the single market on 1 January 2021 and the impact this may have on pharmacy, PPE and other supplies, and the potential impact on our workforce. This is being guided by national planning.

While these are significant challenges, the experience of COVID has taught us the real impact we can have by working together as a system, and we will continue to further develop these relationships to ensure we can provide the best possible care to the people of Swindon and Wiltshire.

Swindon Locality of the BaNES, Swindon & Wiltshire (BSW) CCG

BSW Winter plan

6.19 Winter 2020/21 is set to be one of our most challenging yet. Health and care services across Swindon have worked tirelessly - and in close partnership - to tackle the demands of Covid-19 on our local population. The impact of this has not only disrupted our usual planning work for Winter, but also means we will be entering the winter period with a greatly reduced capacity (as a result of infection control measures) and stretched workforce across all health and care services.

With this in mind, NHS England & Improvement (NHS E/I) have published guidance (August 2020) setting out additional actions required of health services; the letter launches a nationally-defined Phase 3 health response to the Covid-19 pandemic. The guidance aims to support efforts to return services to (at least) pre-Covid levels as soon as possible, whilst at the same time ensuring we are all prepared for winter and any further waves of the Covid-19 pandemic.

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As a result of this:

- Winter and COVID-19 planning have been combined for 2020/21.
- All age planning has been led by the BSW Sustainability and Transformation Partnership (STP) Urgent Care & Flow Board with all system partners represented (18 partner organisations represented including acute Trusts, Local Authority, Community partners, Mental Health LD & ASD).
- Planning has incorporated flu vaccination planning and preparations for mass Covid vaccination (should it become available); severe weather, transport, escalation/pressure surge response, communications, and Incident Control Centre (ICC) operations.
- BSW Demand and Capacity Planning has been undertaken for all three acute Trusts in the CCG area, include Great Western Hospital.
- Out of hospital demand and capacity modelling is being reviewed by each of the three localities across BSW (BaNES, Wiltshire and Swindon) working with social care partners to ensure robust arrangements going into the winter period.
- Demand and capacity modelling for 2020/21 includes COVID-19 surge planning and development of scenarios against which plans can be tested.

Swindon specific plans have been developed in partnership with all Swindon stakeholders. Investment has been confirmed in several key winter schemes designed to provide additional winter capacity and resilience for the expected additional demand on services (including Covid). Building on the successes and lessons learned from last winter, as well as the learning from the recent Covid experiences, the plans provide for additional investment in 3rd sector, social care, community, and acute care capacity.

Importantly, planning oversight and escalation of any areas of concern or constraint, will be provided by the STP Oversight & Delivery Board whose members are the senior operational and finance leads from across BSW.

As part of the planning process, NHSE/I are reviewing all planning submissions before they are finalised. We expect to have fully assured plans in place in early October.

GP Primary Care Recovery

- 6.20 Primary Care in Swindon transformed rapidly to respond to Covid-19 including a digital revolution with the switch to total telephone triage and mainly remote consultations via both telephone and video. Virtual consultations quadrupled during the peak-weeks, with ongoing usage almost treble pre-Covid levels.

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Swindon's Primary Care Networks worked together to establish three 'hot hubs' to manage the peak demand from patients with Covid or Covid symptoms. More recently these hubs have been consolidated into a long-term model of a single *hot hub* plus home visiting service for the whole of Swindon.

By offering an ongoing Covid service in this way, individual practices have been able to focus on restarting routine care for non-covid patients. This includes beginning to address the direct and indirect impacts of Covid on the population including the backlog of unmet need, new care needs, and the additional needs from later presentations and increased pathology.

Despite these challenges and need to change working models at pace, primary care has remained operational throughout the first-wave Covid response and in recent weeks, activity levels have been returning to pre-covid levels.

Primary care has also been a key part of wider the Swindon working in response to Covid and Covid recovery. GPs have been working particularly closely with the community and end of life services, as well as joining the Care Home Cell, Assistive Technology Group and more recently, working to bridge the gap between primary and secondary care through the Swindon Elective Services Restart programme.

As part of Phase 3, primary care working hard to target health needs that may have gone unmet, increased, or developed during the pandemic and with a key focus on health inequalities and mental health issues. Practice are also providing enhanced support to care homes and supporting plans for managing outbreaks in care homes.

Launch of Swindon & North Wiltshire Professional Leadership Network (PLN)

Primary Care in Swindon transformed rapidly to respond to Covid-19 including a digital revolution with the switch to total telephone triage and mainly remote consultations via both telephone and video. Virtual consultations quadrupled during the peak-weeks, with ongoing usage almost treble pre-Covid levels. The total triage model has ensured that patients have been managed in the most appropriate way, reducing the risk of spreading the virus balanced against the needs of the patient.

Swindon's Primary Care Networks worked together to establish three 'hot hubs' to manage the peak demand from patients with Covid or Covid symptoms. More recently these hubs have been consolidated into a long-term model of a single hot hub plus home visiting service for the whole of Swindon.

By offering an ongoing Covid service in this way, individual practices have been able to focus on restarting routine care for non-Covid patients and supporting each other to provide safe services to their communities. This includes beginning to address the direct and indirect impacts of Covid on the population including the backlog of unmet need, new care needs, and the additional needs

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from later presentations/increased pathology, with a key focus on health inequalities and mental health issues as part of the phase 3 response.

Despite these challenges and need to change working models at pace, primary care has remained operational throughout the Covid response and has maintained face to face consultations wherever clinically necessary and appropriate. Activity levels in primary care have not only returned to pre-Covid levels but are now approximately 30% higher and current demand is more consistent with a typical January than September.

Practices have responded to the challenge of our care home residents being adversely affected and are providing enhanced support to care homes. All care homes locally now have a named clinician and practices are carrying out regular 'ward rounds' and supporting plans for managing future outbreaks.

Practices and PCNs are collaborating in their efforts to vaccinate almost twice the normal number vaccinated against flu each year, with a particular focus on vaccinating the most vulnerable, the hard to reach groups and those who would most benefit but do not engage.

Primary care has also been a key part of the wider Swindon response to Covid and Covid recovery. GPs have been working particularly closely with the community and end of life services, as well as joining the Care Home Cell, Assistive Technology Group and more recently, working to bridge the gap between primary and secondary care through the Swindon Elective Services Restart programme.

Wiltshire Police

Restart

- 6.21 During the organisational response phase, we have seen our frontline staff working across the wider estate to enable social distancing. Within our policing estate, we have fully implemented Covid Secure although this has seen a 70% reduction in our seating capacity. Conversely, our enabling staff have been working from home for the last 6 months and we have now extended our emergency home working guidance to March 2021.
- 6.22 Following the initial response to the COVID crisis and phases of recovery, the Force and OPCC need to consider the longer-term implications on operational policing, the wide force, the impact on our communities and impact on our partnership working. This has been branded as COVID 'Restart' and is intended to follow on from the work already undertaken through the COVID recovery group, which has focused on developing departmental plans to enable the force to recover and provide a clear future following the impact of COVID -19.

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6.22 Deputy Chief Constable, Paul Mills is leading this piece of work with individual work strands focusing on;

- Organisation
- Operations, Community and Partnerships
- Learning and Innovation
- Communication and Engagement
- Finance and Efficiency

Demand

6.23 Wiltshire and Swindon have seen a 10% reduction in crime and 2% reduction in incidents compared to the same four-week period last year. However, recent weekly figures now show an increase in crime and incidents in most areas. We have seen a 6% increase in crime and 7% increase in incidents compared to the previous week – taking us back to normal crime levels, which was expected as lockdown restrictions were starting to be lifted. The newest regulations and potential for further restrictions may see a shift again in this data, which will be analysed in the coming weeks.

6.24 Covid has had a significant impact on communities and services alike. It has led to new and emerging pressures placing increasing demands on Mental Health services. S.136 arrests increased by 22% (144) during March - July compared to 2019 (118). There were more people presenting with psychosis during lockdown than normally expected suggesting an increased level of acuity in mental ill health. Typically, each month 75% of all S136 detentions involve those displaying suicidal ideation, the remainder showing signs of psychosis. In April, this changed to 45% displaying suicidal ideation, the remainder showing signs of psychosis. An increased number of those presenting had not been known to services previously. In May, 58% displayed suicidal ideation and by June, the proportion had returned to a more typical level of 76%. There have been 41 suspected suicides in Wiltshire & Swindon from January to July 2020, with 32 that have occurred since start of lockdown. There has been a significant increase in Wiltshire whereas numbers in Swindon remain stable other than the brief spike in April. Currently there is a lack of evidence to suggest a direct link to COVID, although in several cases a decline in subject's mental health since lockdown was reported.

6.25 Wiltshire Police has access to an excellent Place of Safety (Bluebell PoS) at Green Lane Hospital with sufficient capacity for Swindon & Wiltshire residents. However, capacity is under constant strain due to pressures from other areas, notably Bristol, North Somerset and South Gloucestershire (BNSSG). Since the start of 2020, each month between 33% and 50% of all detainees to Bluebell have come from outside Swindon & Wiltshire. This remained the same during COVID. At the start of COVID, an addendum to operating procedure was introduced to divert BANES detainees to Bluebell. This has not had a significant impact on capacity with on average only 10% of detainees in Bluebell coming

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from this locality. The COVID addendum also stipulated that Bluebell would not take the overflow from BNSSG but this was quickly eroded due to pressures within BNSSG and consequently capacity at Bluebell has remained strained.

- 6.26 During the summer period, Wiltshire Police were actively engaged in a number proactive operations, demand relating to the Summer Solstice and supporting English Heritage, deployments to organised raves and the policing of Black Lives Matter protests around the County. Press coverage and community feedback relating to the BLM protests had been largely positive, focusing on the reasons for the protest, solidarity, policing with consent, and the right to protest peacefully being carried out in a safe and lawful way.
- 6.27 An average of four per cent (approximately 90-100 members of staff out of 2215 budgeted staff), workforce have been classified as abstracted and unable to work. This is significantly low despite the testing times that we face. Due to the national guidance set, we have had to split our call centre across two sites, which has brought its technical and staffing challenges.
- Total Call demand (March – August 2020) – we have received 115,799 calls (999 and 101) which is an average of **19,299 calls a month**
 - 74,604 of which were 101 which equates to an average of 12,434 per month
 - **It took us on average 26 seconds to answer those 101 calls**
 - 41,195 of which were 999 which equates to an average of 6,865 per month
 - **It took us on average seven seconds to answer those 999 calls**
 - When 61,110 calls were diverted to and handled by our CRIB. This equates to a 12,222 calls per months.
 - It took us on average 2 minutes to answer those calls.
 - Abandonment rates are routinely monitored. During this time between 10-12 per cent of our calls sent to the CRIB were abandoned.
 - Forms submitted through our website have significantly increased with 13,207 forms submitted since March. An average of 2171 per month. **Our highest reporting month was April where 4912 website forms were submitted, of which 3820 were COVID-19 related.**

We recorded 67,873 requests for service in our incident recording system. 38,400 of those requests we attended.

- 8980 were an immediate response, average of 8 minutes and 29 seconds to attend

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- 17666 were classified as a priority, average of 29 minutes and 23 seconds to attend
- 11262 were a scheduled response, average of 50 minutes and 43 seconds to attend
- 29,948 resulted in no deployment.

19,145 crimes and 19,519 incidents were recorded. 317 crimes and 456 incidents were directly link to COVID-19. Of that total of crimes and incidents approximately:

- 7,530 were linked to Domestic Abuse
- 3,600 were as a result of mental health
- 4,010 were tagged as alcohol related
- 4,090 and 1,540 involved a vulnerable child or adult, respectively.
- 1,117 involved a weapon

Our most exceptional increases in crime have occurred within the following categories, Cyber, Public order, Violence against the person and Domestic abuse. However, we have also seen certain crime types significantly reduce with burglary and theft offences being the most notable.

101,297 tasks were sent to front line staff to action as a result of those crimes and incidents reported. 10,127 of which are still current, and being actioned.

Fixed Penalty Notices (FPNs) –

6.28 Since the regulations were initially developed, the police response has been, and remains, to encourage voluntary compliance. Policing will continue to apply the four-step escalation principles:

1. Engage
 2. Explain
 3. Encourage, and **only as a last resort**
 4. Enforce
- Anyone contravening the requirements commits an offence, punishable on summary conviction by a fixed penalty notice. Where someone is reasonably believed to have committed an offence under these regulations and is 18 or over, an officer may issue them with an FPN.
 - Total FPN Reports to date = 226 reports of which have resulted in 301 offences. 4 individuals have received more than one FPN.

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- 171 Males and 55 Females
 - The areas of Chippenham and Salisbury have issued the highest number of FPN'S (53 & 44 respectively)
 - 0 FPN's issued regarding face mask regulations. 2 x 999 calls for assistance in last 7 days reference face mask regulations.
 - Since 31/5 there has only been 1 FPN issued on the 5th September regarding a house party in Devizes. There have not been any FPN's issued in the last 7 days.
 - There have been 27 FPN warnings given in the last week, since the 'Rule of 6' was introduced.
- 6.29 FPN Disproportionality excluding Out of Force FPN's Per 1000 Population (as of 21/09/2020) .The number of FPN's issued by Wiltshire Police per 1000 population is 0.27 (183 FPN's). The rate of FPN's per 1,000 of white British or any other white background population is 0.23 (151 FPN's). The rate of FPN's per 1,000 of Asian background population is 0.31 (6 FPN's). The rate of FPN's per 1,000 of black or black British background population is 1.64 (10 FPN's). The rate of FPN's per 1,000 of Mixed background population is 0.41 (4 FPN's). The rate of FPN's per 1,000 of Chinese background population is 0 (0 FPN's)
- 6.30 As of midnight on Monday 28th September, new regulations will come into force, which make it a legal requirement for people in certain circumstances to self-isolate following Test and Trace. Police officers and staff have been provided with interim guidance ahead of official guidance from the College of Policing. The policing approach to these new regulations remains the same and the 4E's will be applied consistently across the force.
- 6.31 Wiltshire & Swindon LRF (WSLRF) established an early response to COVID-19 in January 2020 due to some UK nationals being housed in Wiltshire having returned from Wuhan on the first repatriation flight that landed at RAF Brize Norton. Wiltshire then received two repatriation flights itself at MOD Boscombe Down. Mirroring a deteriorating national picture, WSLRF declared a major incident on 19th March 2020. It held a total of 32 Strategic Coordinating Group (SCG) meetings. It established a number of supporting Cells, namely Multi-Agency Intelligence Cell (MAIC), Multi-Agency Communications Cell (MACC), PPE Cell, Testing Cell, Excess Deaths Cell and Criminal Justice Cell. Pressures were particularly acute around PPE supply, testing and care homes. Swindon Borough Council (SBC) and Wiltshire Council established Community Resilience Hubs to deal with matters such as 'shielding' harnessing the support of the voluntary sector. The Military were deployed to support the response by the civil authorities and military planners were deployed to support both Local Authorities.
- 6.32 On the 21st July 2020, the major incident status was stood down together with the SCG acknowledging that the emergency multi-agency response phase was

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over. SCG formally handed over to both Local Authorities for recovery. They established their separate Recovery Coordinating Groups (RCGs) and also took primacy for dealing with COVID-19 outbreaks through their Local Outbreak Management Plans (LOMPs) overseen by their Directors of Public Health (DsPH) and Health Protection Boards. Both Local Authorities have worked collaboratively to deliver a series of multi-agency LOMP tabletop exercises.

- 6.33 In view of the recent rapid increase in cases and the nationally deteriorating situation, an extraordinary SCG was held on 23rd September 2020 so that agencies could share situational awareness. It was agreed that the current situation does not merit the declaration of a major incident locally at this time. In order to keep this matter under review, it was agreed to hold a further SCG on 7th October 2020.

7. Supporting Information

- 7.1 None

8. Alternative Options

- 8.1 N/A

9. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 9.1 N/A.

Legal and Human Rights Implications

- 5.1 There are no specific Legal or Human Rights implications arising from this report.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 9.2 None

Diversity Impact Assessment

- 9.3 This will be completed by each partner in relation to recovery plans

Risk Management

- 9.4 N/A

10. Consultees

- 10.1 Executive Management groups of the Clinical Commissioning Group, Swindon Borough Council and Great Western Hospitals NHS Foundation Trust.

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10.2 Cabinet Member for Adults and Health, Cabinet Member for Housing and Public Safety

11. Background Papers

11.1 Adults, Health & Housing Overview & Scrutiny 3.9.2020

[Adults Overview Background Paper](#)

11.2 Cabinet 9.9.2020 [Cabinet Background Paper](#)

11.3 Children's Health, Social Care and Education Overview & Scrutiny 16 9 2020

[Childrens Overview Background Paper](#)

12. Appendices

Local Outbreak Management Plan presentation

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Public Health Update

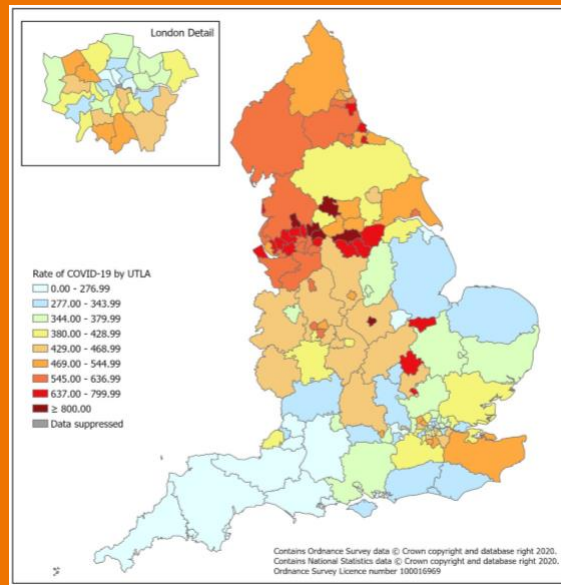
7th October 2020

Sue Wald

Corporate Director of Adults, Housing and Public Health

Current Covid-19 Position – Swindon

- Total cases: 1334
- Total deaths: 173
- Current case rate: 12.2 per 100,000
- National watch-list: removed 18/09



Data as of 24 September 2020

Public Health



Reflections on the 'Swindon Spikes'

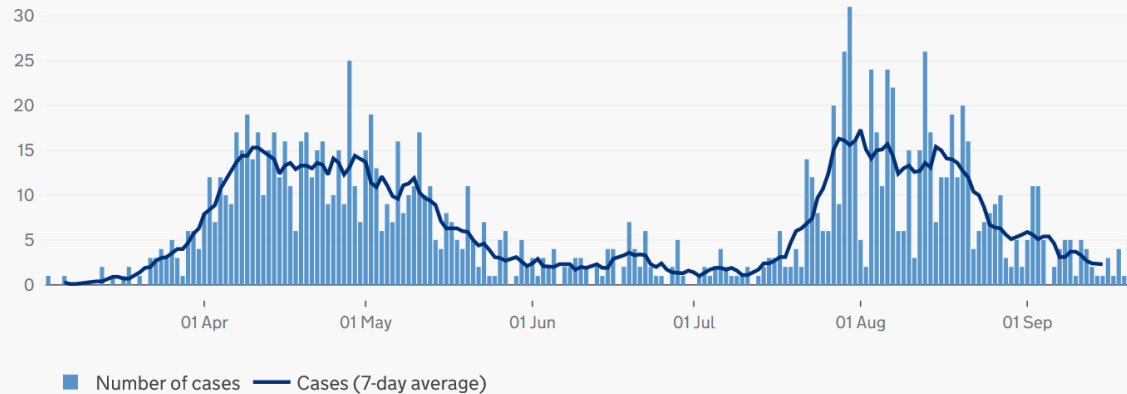
Number of people with at least one lab-confirmed positive COVID-19 test result, by specimen date. Individuals tested positive more than once are only counted once, on the date of their first positive test.

Daily

Cumulative

Data

About



What did we do?

- Established governance structure
- Engagement with Government
- Worked to LOMP
- Used available data to inform community engagement strategy – SN1/SN2, BAME communities
- Testing strategy
- Use of media/comms
- Whole system approach



Testing Update

- RTS Wroughton: 1241
- LTS Broadgreen 1082
- MTU Civic: 876
- Postal kits: 288
- Total: 3487

With national lab capacity issues ongoing:

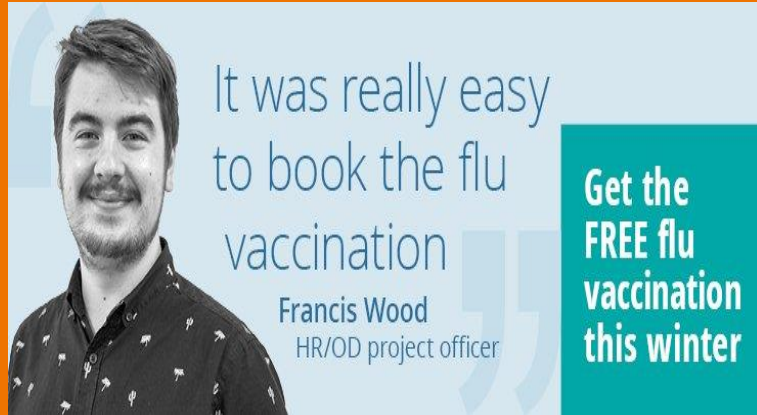
- Prioritisation of key workers
- Encourage only those with Covid-19 symptoms to test
- Keep trying to book via portal / NHS 119

Data 16-22 September 2020

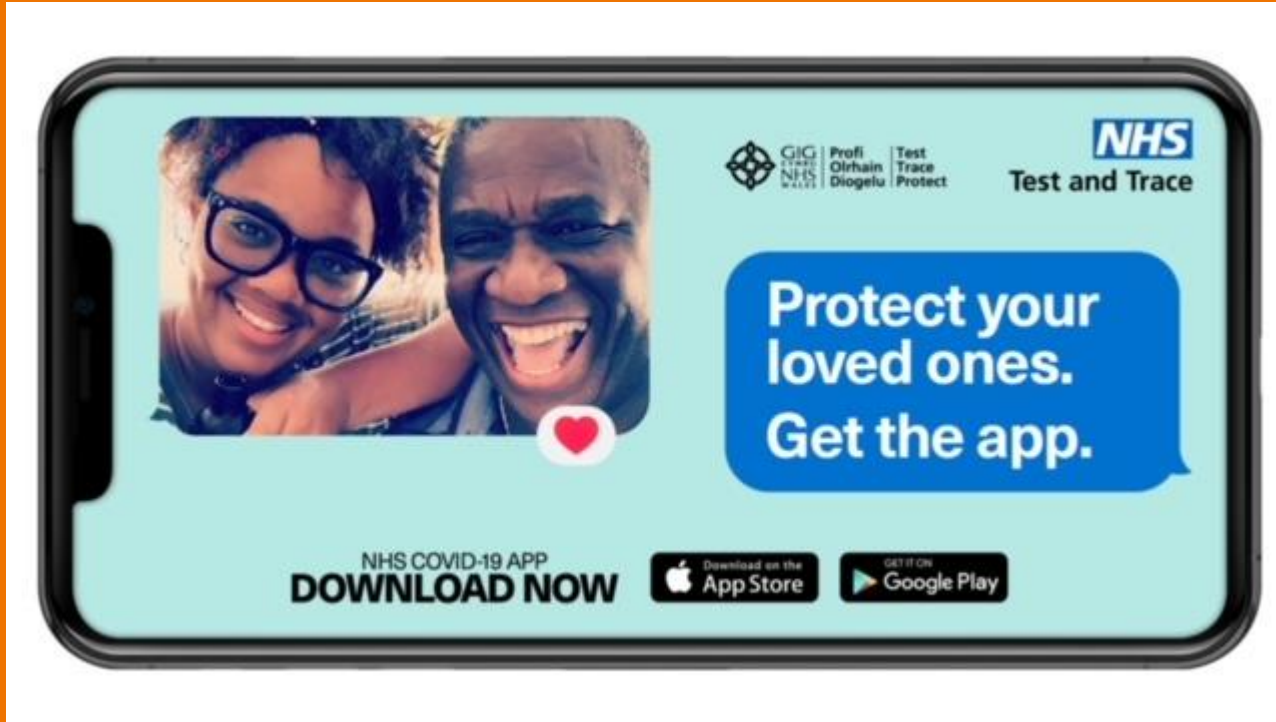
Public Health

Vaccination update

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- Next 6 months challenging, including winter
- If eligible please vaccinate against flu this season
- Covid-19 vaccination programme planning underway expected early 2021



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BSW Phase 3 and Winter Planning

Health & Wellbeing Board

Date: 7th October 2020

Authors: Tracey Cox,

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 BSW is applying for Integrated Care System (ICS) designation in November 2020. The process for designation requires BSW to submit a draft submission on the 21st September and a final submission on October (12th).

This set of slides represents an overview of our draft submission. The complete draft was shared with the BSW Executive on the 11th September and the BSW Partnership Board on 18th September for an initial review and feedback prior to submission.

The document is also being shared with partner organisations that form part of the BSW Partnership to keep all members informed on the latest developments and to provide an opportunity for them to contribute to the process.

It is recognised that the transition to an ICS may generate a number of questions about governance and decision making. A set of frequently asked questions is attached for information to help address these issues.

A full copy of the draft submission can be provided on request.

BSW Phase 3 and Winter Planning

Health & Wellbeing Board

Date: 7th October 2020

2. Recommendations

The Committee is recommended to:

3. Review the draft document and share comments, suggestions and questions. These will help to inform the final submission.

4. Context

The content of the slides has been generated via the various forums that are working on the development of our ICS. They have therefore had a broad range of inputs and should reflect the developing thinking across our organisations.

We are still at an early stage of our ICS development and further discussions are required both across BSW and within the individual organisations. These discussions are part of an on-going process of dialogue that will need to occur between now and our final submission in October and beyond as part of the process to mature as an ICS.

A system wide workshop has been arranged for the 9th October as part of this process and further workshop and engagement sessions will be arranged.

Supporting Information

- 4.1 A set of Frequently Asked Questions is attached.

5. Alternative Options

- 5.1 N/A

6. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 7.1 The transition to an ICS is expected to lead to a revised approach to NHS financial management across BSW and particularly the adoption of a system level control total.

Becoming an ICS is intended to assist BSW in addressing the financial challenges that exist and ensuring resources are used in the most effective way to meet the needs of our population.

Legal and Human Rights Implications

- 7.2 There are no specific Legal or Human Rights implications arising from this report.

Diversity Impact Assessment

- 7.3 One of the priorities of our ICS development is to address the inequalities that exist across our care system.

BSW Phase 3 and Winter Planning

Health & Wellbeing Board

Date: 7th October 2020

An Equality Impact Assessment is being developed and will be completed prior to our final submission to ensure we have fully considered the equality impact of the transition to an ICS.

Risk Management

- 7.4 BSW is expected to be designated as an ICS in November. The work to prepare for ICS designation is being undertaken at the same time as the preparation for winter 2020. It is essential that we balance the requirements for operational delivery alongside the transformational activities associated with achieving our ICS designation.

Quality

- 7.5 The process of ICS designation provides an opportunity to revisit the priority outcomes for BSW in line with the changing needs of our population. Defining the quality element of these outcomes will be an important element of this work.

Patient and Public Engagement

- 7.6 The document describes how our ICS will build on the existing work across BSW on public and patient engagement. The focus of engagement will be predominantly around the redesign of care services, but where appropriate public and patient engagement will be used to inform the wider development of our ICS.

7. Consultees

- 7.1 This document is being shared with Partner Organisations.

8. Background Papers

- 8.1 None

9. Appendices

ICS Designation Board Briefing Paper and Summary ICS Integrated Care System Submission.

Frequently Asked Questions

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***“Working together to empower people to
live their best life”***

**BSW Integrated Care System Submission
Organisation Briefing Paper**



Content

1. Purpose of this document
2. Context for integrated care systems (ICS)
3. Our approach
4. ICS Designation timeline
5. How does developing an integrated Care System help Local Authorities?
6. Actions for BSW partner organisations

Purpose of this document

The purpose of this document is to provide a briefing to the partnership organisations in Bath and North East Somerset, Swindon and Wiltshire (BSW) on our application to be designated as an Integrated Care System (ICS).

The process of integrating care to better meet the needs of our population will take a number of years, with ongoing refinement thereafter. An important early step in this process is for us to achieve formal designation as an ICS. This will demonstrate our commitment to joint working and give us the freedom to evolve our approach in a way that is right for BSW. We are therefore seeking formal designation in November 2020, a timeline that will require us to submit our application documentation in mid October.

Becoming an ICS will have implications for all partner organisations, many of which cannot be fully described at this time. The literature and learning on ICS developments highlights that organisation working in partnership may not be sufficient to achieve the levels of integration that are required to meet the needs of the population. This is generating a wider debate on whether ultimately changes to statutory organisations will be required. At this stage our approach is to achieve as much as we can through partnership working.

Achieving designation will not mean we have answered all of the questions, or fully defined our future way of working. Instead it will demonstrate our commitment to working together to meet the current and future needs of the population and to overcome the strategic and operational challenges that we face.

This briefing pack sets out the approach that is required for us to achieve designation in November and asks the individual organisations for their support in BSW completing its application.

Context for ICS

In general the population of BSW enjoy relatively good health and wellbeing when compared with the rest of England. This measure however hides significant variation across the population.

There are significant inequalities across BSW which contribute to poor health and wellbeing for many within our population. The challenge of responding to these inequalities and improving the health and wellbeing of our population is at the centre of our approach to becoming an ICS.

As partners we have identified three strategic aims and two enablers that will guide our approach and inform our priorities in the future. These aims and enablers encompass the contribution of all of our partner organisations, encourage us to focus on the wider determinants of health and to develop a more proactive and preventative approach.

We recognise that this shift in emphasis is essential if we are to tackle the inequalities that exist and create a sustainable health and care system for BSW.



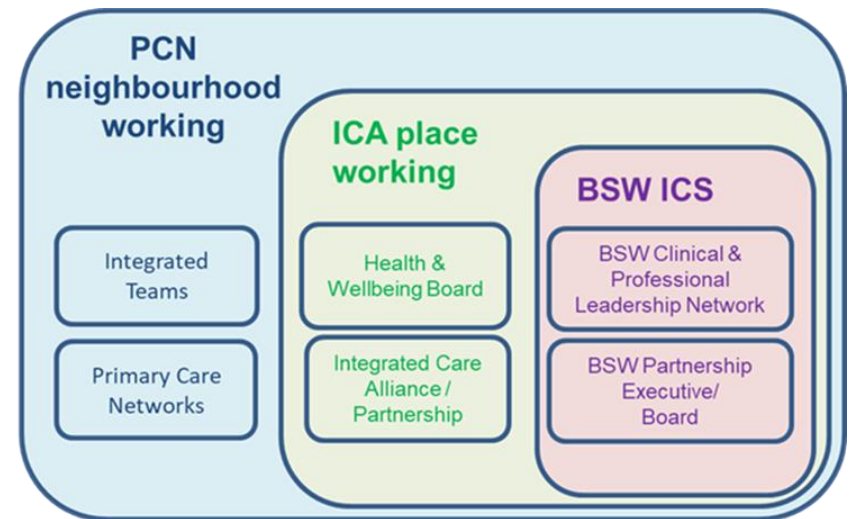
Our approach

ICS's are being developed across England, with all STP areas required to achieve ICS designation by April 2021. Developments in other systems have demonstrated that ICS do not take a single form or develop services in a specific way, but rather that they provide a framework for individuals and organisations to work together to enhance the way they address the needs of the local population.

In BSW we are developing an approach that recognises the need to operate effectively at different levels, from the homes and communities in which individuals live, to the boardrooms in which our partnership conversations are conducted. We describe this as operating at neighbourhood, place and system level.

We will evolve the way responsibilities and accountabilities, which currently are invested in individual organisations, are distributed across neighbourhoods, place and system. This will take time and will be a critical element in shaping our effectiveness as an ICS.

When appropriate, proposals around the transition of accountability and responsibility will be discussed and require endorsement from BSW Partnership organisations.

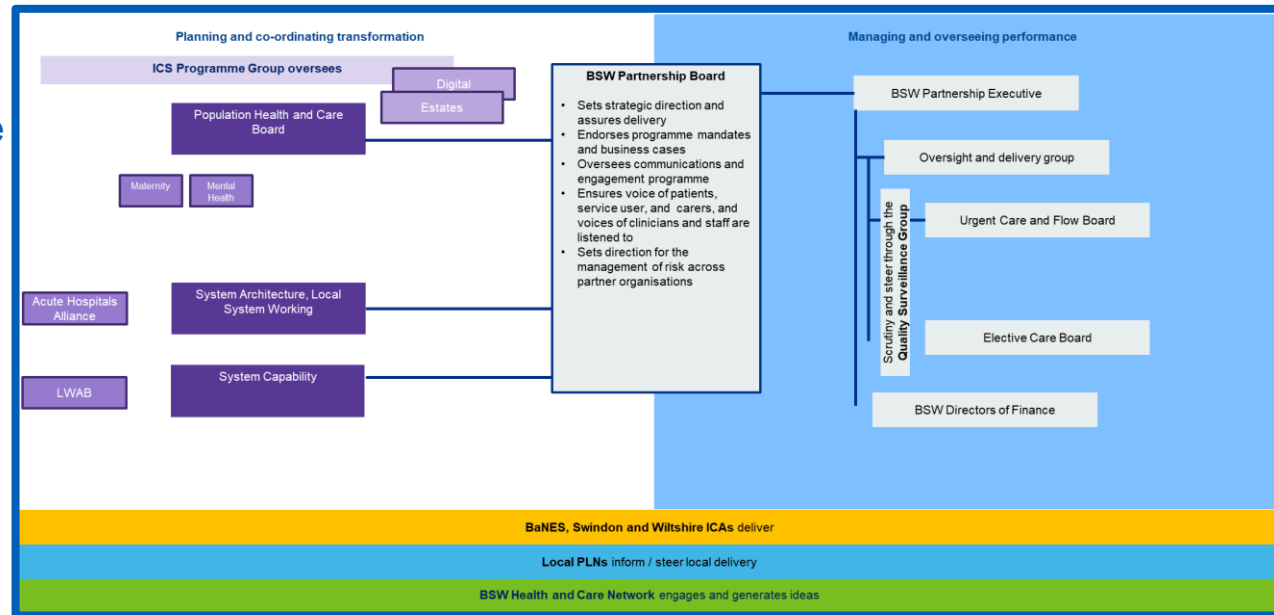


Our approach

Integrated care systems are intended to achieve two core tasks:

1. the safe and effective delivery of care services; and
2. the transformation of services and organisations to better meet the needs of the population.

Through a process of co-production we have developed a new governance structure for BSW which is designed to achieve these tasks. The structure draws upon the knowledge and expertise within our member organisations and uses the principle of distributed leadership to ensure we are operating effectively across organisational boundaries.



These governance arrangements are new and will take time to fully mature, but they demonstrate our commitment to move away from the fragmented and competitive arrangements of the past.

Our approach

Underpinning our approach is the need for a ‘high trust’ culture between partners. This has not always been present in BSW due, to a large extent, to different policy directives relating to health and local authorities and elements of the commissioner/ provider models that have been in operation.

Whilst these challenges will not simply disappear, the way we work together to respond to them will be different. Working with our local population, we will develop a set of shared and tangible outcomes that we intend to deliver.

We will also jointly tackle issues on the quality of service delivery, the development of our workforce and the sustainability of our health and care system. This approach is expected to include processes such as establishing a shared financial control total for our system.

The development of these arrangements will be complex and at times difficult and we recognise that many of the significant challenges in our approach to joint working lie ahead of us. However our commitment to our population is that we will tackle these challenges by working together.

“If we do not work in partnership across the whole system, we will not do right by our populations and they will not have the outcomes they deserve”.

Helen Hirst, Chief Officer (3 CCGs) Airedale, Wharfedale & Craven CC,
Bradford City CCG and Bradford Districts CCG

“Go where the energy is and create a sense that you are all working as part of a true partnership. Instead of having a fight over differences, start with points of agreement”.

Rob Webster, Chief Exec, South West Yorkshire Partnership NHS FT. &
Lead for West Yorkshire & Harrogate ICS

Designation timeline

The work on the development of our ICS approach has been ongoing throughout 2020 with regular updates via the BSW Partnership Sponsoring Board and Executive Group.

The timeline between review of our draft submission for designation and our final submission will not be sufficient for a full round of organisational approvals of the final submission. Therefore, in the context that our ICS development is an ongoing activity and the process of formal designation represents only one step in a wider process, we are asking partner organisations to review the draft submission and identify any required changes in order for these to be incorporated into the final submission. If this review process uncovers material concerns an alternative process for final submission will be identified.



ICS designation process	Date
Long Term Plan submission	March 2020
CCG Merger	1 st April 2020
ICS preparatory work	April – Sept 2020
Revised BSW governance f-work <ul style="list-style-type: none"> • Transformation • Service Delivery 	Map 2020 July 2020
ICS listening and learning events	July/August 2020
ICS Designation draft submission	21 st Sept 2020
BSW organisation reviews	21 st Sept – 9 th October
Confirm and challenge session between STP and NHS E&I	12 th October 2020
ICS final submission	12 th October 2020
ICS Designation	November 2020
Ongoing ICS development	Oct 2020 -

How does developing an Integrated Care System (ICS) help our Local Authorities?

In what are challenging times it is important that we put our energy and resources into those activities that will offer the greatest benefit to our local population.

There are two critical elements in our approach to developing our ICS that will deliver real benefit to the local authorities in BaNES, Swindon and Wiltshire and the citizens that they serve.

Firstly, the focus of our ICS development is on recognising the wider determinants of health and using our resources in the best possible way to address these. The commitment of NHS organisations to this approach will enable us to work with local authorities to better understand the needs of the local population and to focus on initiatives that improve wellbeing and prevent ill health. In this context, we will work alongside the local authority to focus on the resilience of both individuals and the communities within which they live.

The second critical element is our recognition of the need to work within the local authority boundaries. The three Integrated Care Alliances (ICA) we are creating within the ICS are coterminous with the local authority boundaries, making it significantly easier to work in partnership and ensuring the goals of the ICA are aligned to those of the local authority.

Insert quote from Sue Wald?

Actions for BSW organisations

In the context set out in the previous BSW organisations are asked to:

- Discuss the context and content of this organisation briefing paper;
- Review the content of the draft ICS designation submission and share feedback (via: r.smale@nhs.net);
- Confirm their support for the overall approach to developing our ICS; and
- Share any material concerns that they wish to escalate to the BSW Partnership for consideration as we progress beyond designation.



Working together to empower people to lead their best life

BSW Integrated Care System Submission

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Contents

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Our ambition

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Who we are

4

Working together

- Population health and care
- System Capability
- Financial transformation
- Digital transformation
- Estates transformation
- How does developing an integrated Care System help Local Authorities?

Our context

“Welcome to Bath and North East Somerset, Swindon and Wiltshire (BSW). We think it’s a wonderful part of the world in which to live, but there are some things we need to focus on and improve with our local population...”

Social isolation.....[Insert data for final draft]

Housing.....[Insert data for final draft]

180,000 people in BSW have some form of Mental Health condition.

Workforce sustainability issues in key services.

In BSW 5.56% of the population has diabetes yet 20% of the COVID deaths were in people with diabetes.

Metric	Banes	Swindon	Wiltshire	South West
Employment Rate	81.2%	79.2%	78.9%	78.9%
Adult Obesity	51.1%	65.1%	60.3%	61.3%
Life Exp. (M)	80.7	80.1	81.0	80.2
Life Exp. (F)	85.0	83.3	84.2	83.8

156,000 people in BSW have 3 or more long-term conditions

85,000 people in BSW aged 65+ on 10 or more prescriptions. This is nearly 1 in 2.

- People with a **learning disability** have worse physical and mental health than other people and lower life expectancy. [*Clarify BSW v National position*]
- Access and take up rates to health checks for people with a learning disability and cancer screening are too low. [*Clarify BSW v National position*]
- The percentage of people with a learning disability living in residential care often away from home is greater than the national average increasing isolation
- Individuals with learning disabilities have around twice as many ED attendances and admissions.

Across BSW we have specific issues with **Diabetes** detection and treatment:

- Low numbers of people with type 2 diabetes attend structured education compared to other areas
- Low levels of diabetic patients achieve the 3 NICE recommended treatment targets
- There are an estimated 5,700 people who live with undiagnosed diabetes.

Prevalence of **heart failure and atrial fibrillation** is higher than England in B&NES & Wiltshire.

- While overall **smoking** rates across BSW are on a par with national averages, we still have approximately 100,000 adult smokers
- Smoking rates in Swindon are significantly higher than national average, and smoking prevalence for people in routine and manual occupations in B&NES and Wiltshire is worse than national average
- Significant inequalities exist, for example smoking rates are higher for people in more deprived areas, and people with severe mental illness or substance misuse issues.

Rates of **alcohol dependency** in BSW are similar to the rest of England, however we have higher than average rates of hospital stays related to alcohol – for under 18s B&NES and Wiltshire, and for over 18s in Swindon.

Rates of hospital stays for **self-harm** are significantly higher across all parts of BSW compared to the England average.

Our context

Across England Sustainability and Transformation Partnerships are developing into Integrated Care Systems (ICS).

Our reason for wanting to become an integrated care system is to tackle the challenges described on the previous two slides and to support all our population to live their best life. This pack describes how as individuals and organisations across BSW we are working together to achieve this.

Realising improvements in the health and wellbeing of our population would always have been difficult, but the differential impact of Covid-19 on our population has increased the need and urgency for change. We need to focus our efforts on reducing the inequalities that exist within our population and reducing unwarranted variation in services.

The best outcomes will emerge through us working together, listening and respecting the unique talents and insights that we all bring and being courageous in the way we develop new ways of supporting our population.

The following slides describe how we are embarking on this challenge...

Our ambition

Our ambition

In our early development discussions as an STP we defined an ambition to

- Work more closely with partner organisations so people see services work in a more joined up way, only have to tell their story once and receive care better tailored to their individual needs
- Develop a positive, inclusive, people-centred culture and making BSW the best place to work
- Achieve value in everything we do and more efficient ways of working so the growing demand for health and care services is affordable

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3 components of our vision

3 components
of our vision



COLLECTIVE VOICE

Working together in new ways as a collaboration and one whole system



HEALTHY COMMUNITIES

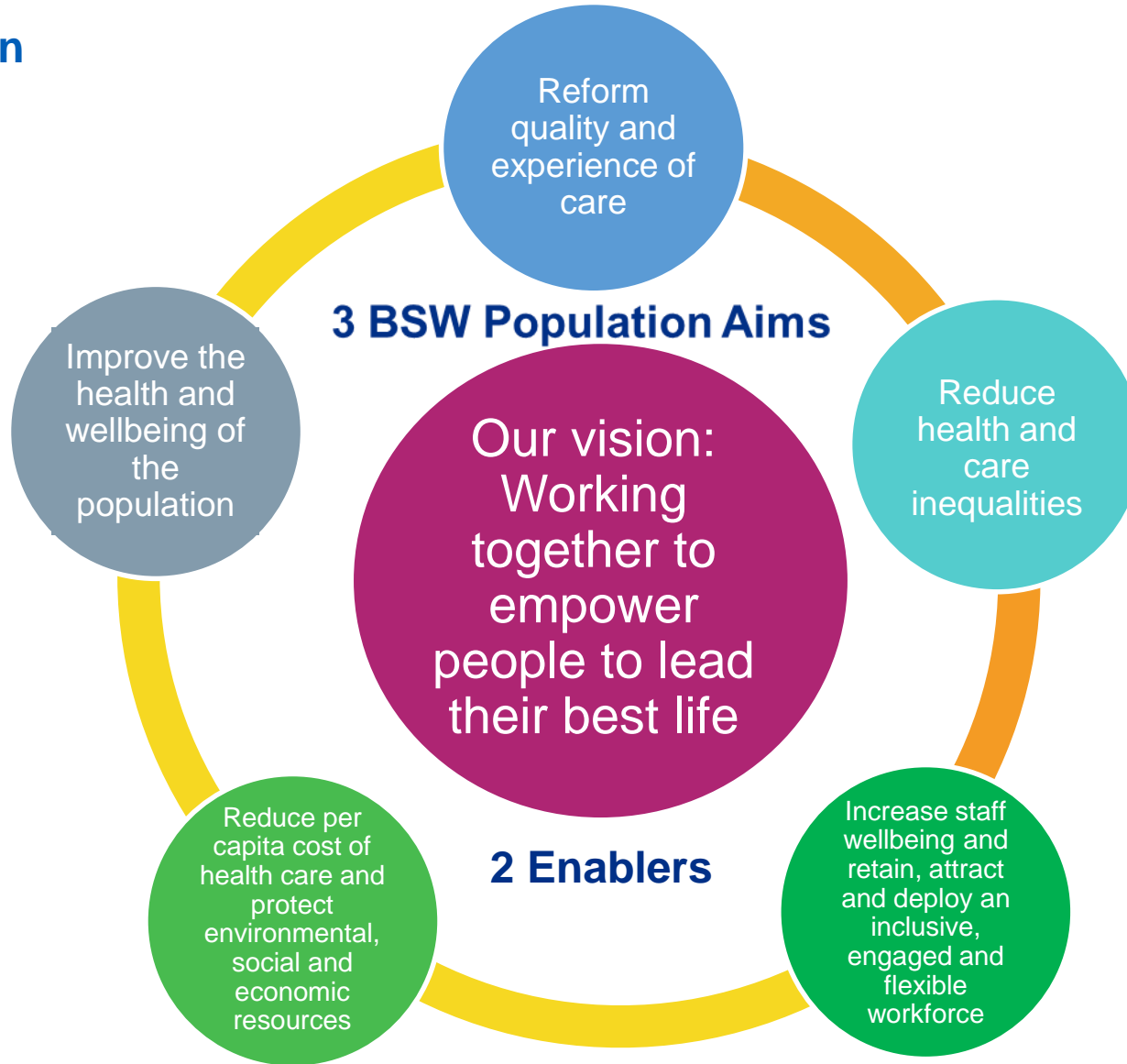
Empowering people to lead on their own health with professionals, and their families and their communities



STORIES AND STRENGTHS

Holding people's strengths, stories, experiences, and what matters to them at the heart of our system

Our ambition

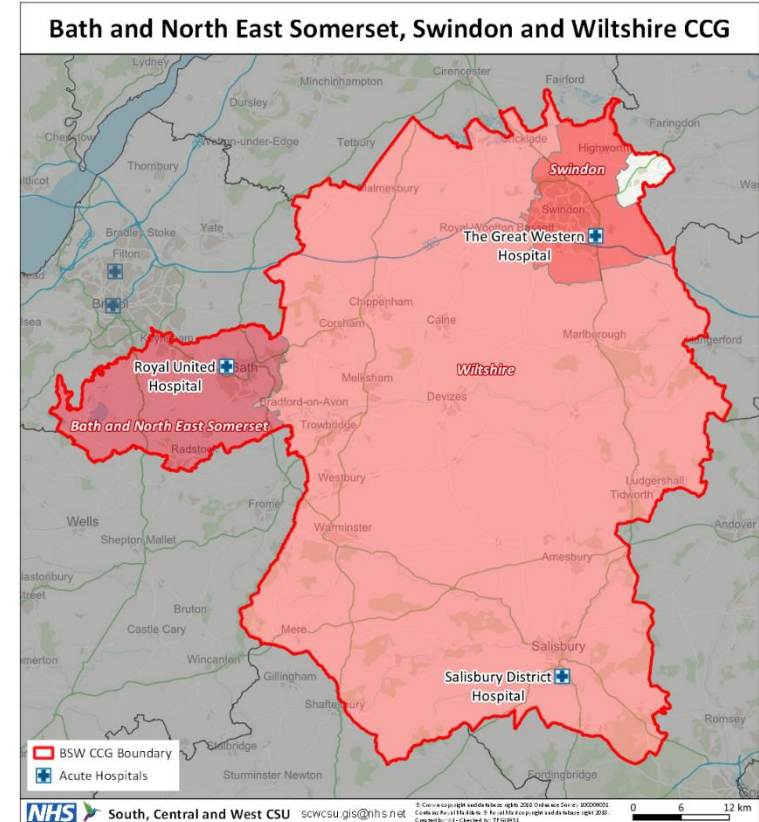


Who we are

Who we are

"A combined population of around 940,000 living across the regions of B&NES, Swindon and Wiltshire. We directly employ 37,600 colleagues and benefit from the contribution of many more carers and volunteers. Our population is served by hundreds of third sector organisations, 94 GP practices, two community providers, three acute hospital trusts*, two mental health trusts, an ambulance trust, a clinical commissioning group (CCG) and three Local Authorities."

Although we can describe BSW in this way, we are not an island and there are important relationships with the systems that surround us. These relationships involve individuals coming into BSW to access services (for example residents of Frome accessing the RUH) and BSW residents accessing specialist services in Bristol, Oxford, Southampton and beyond. Understanding and managing these interfaces will be an important element of our success as an ICS.



(Update with a map showing population density)

**Great Western Hospital in Swindon also provide community and some Primary care Services*

BSW Partners



Bath and North East Somerset,
Swindon and Wiltshire
Clinical Commissioning Group



Great Western Hospitals
NHS Foundation Trust



Salisbury
NHS Foundation Trust



Royal United Hospitals Bath
NHS Foundation Trust

Bath & North East
Somerset Council

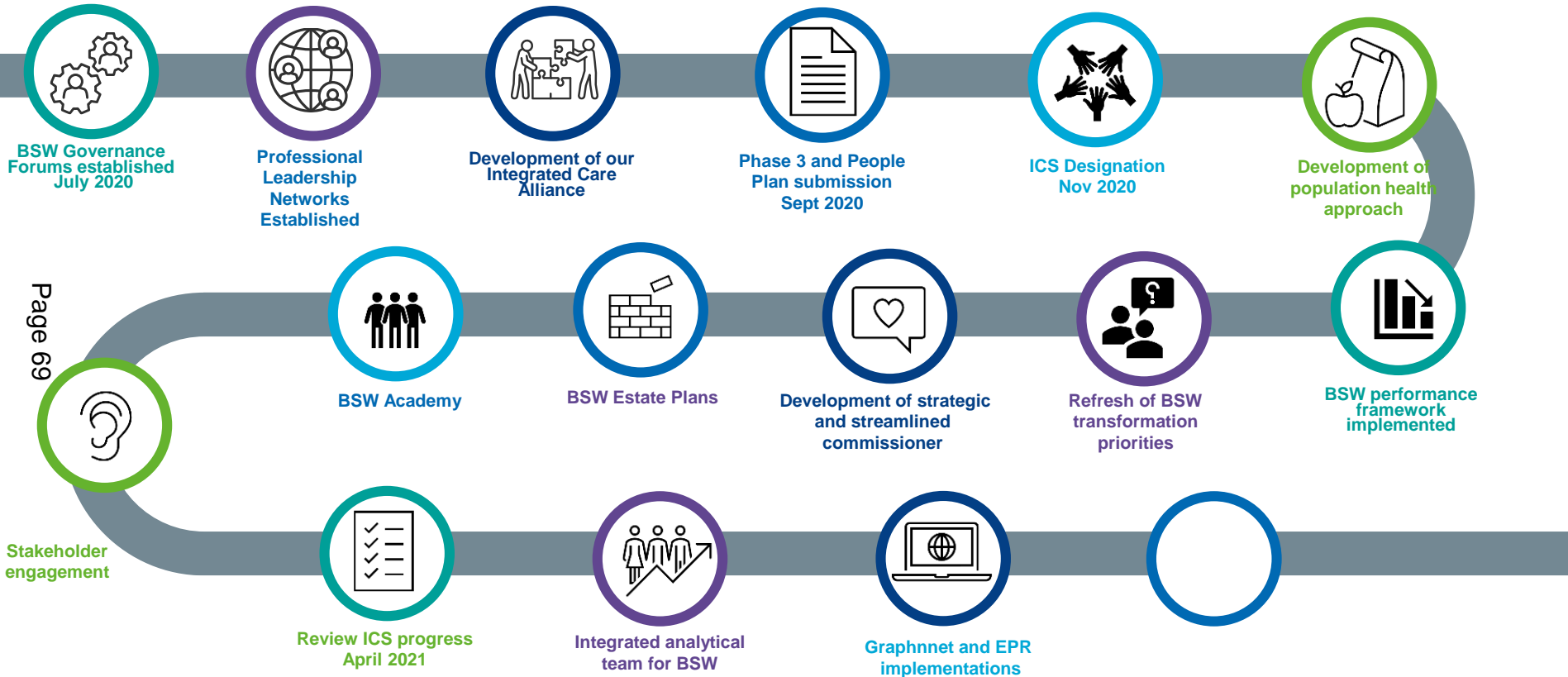


Wiltshire Council



BSW ICS Timeline

We are developing our timeline for the ongoing development of our ICS during and following designation.

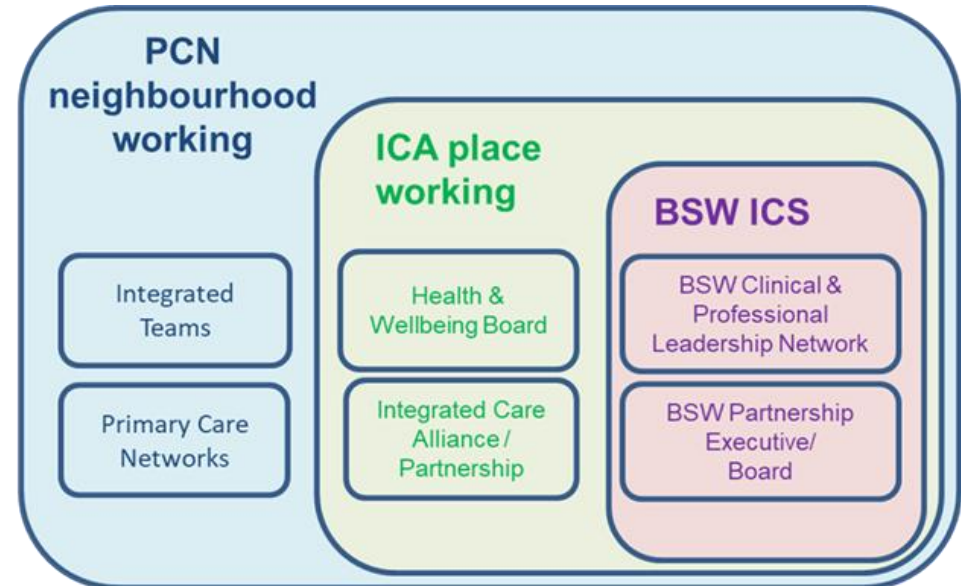


Working together

As described above, our health and care system consists of individuals and organisations that work together to respond to the needs of our population.

Our approach recognises the need to operate at neighbourhood, place and system level. The ways of operating at each of these levels will evolve over time as we mature as an ICS.

On the 9th October we will be undertaking a system workshop to further test our understanding and thinking and to refine these arrangements ready for our launch as an ICS in November. In discussions with other systems we have heard that developing these arrangements will take a number of years to fully mature and we recognise the long term commitment we are making by committing ourselves to work in this way.

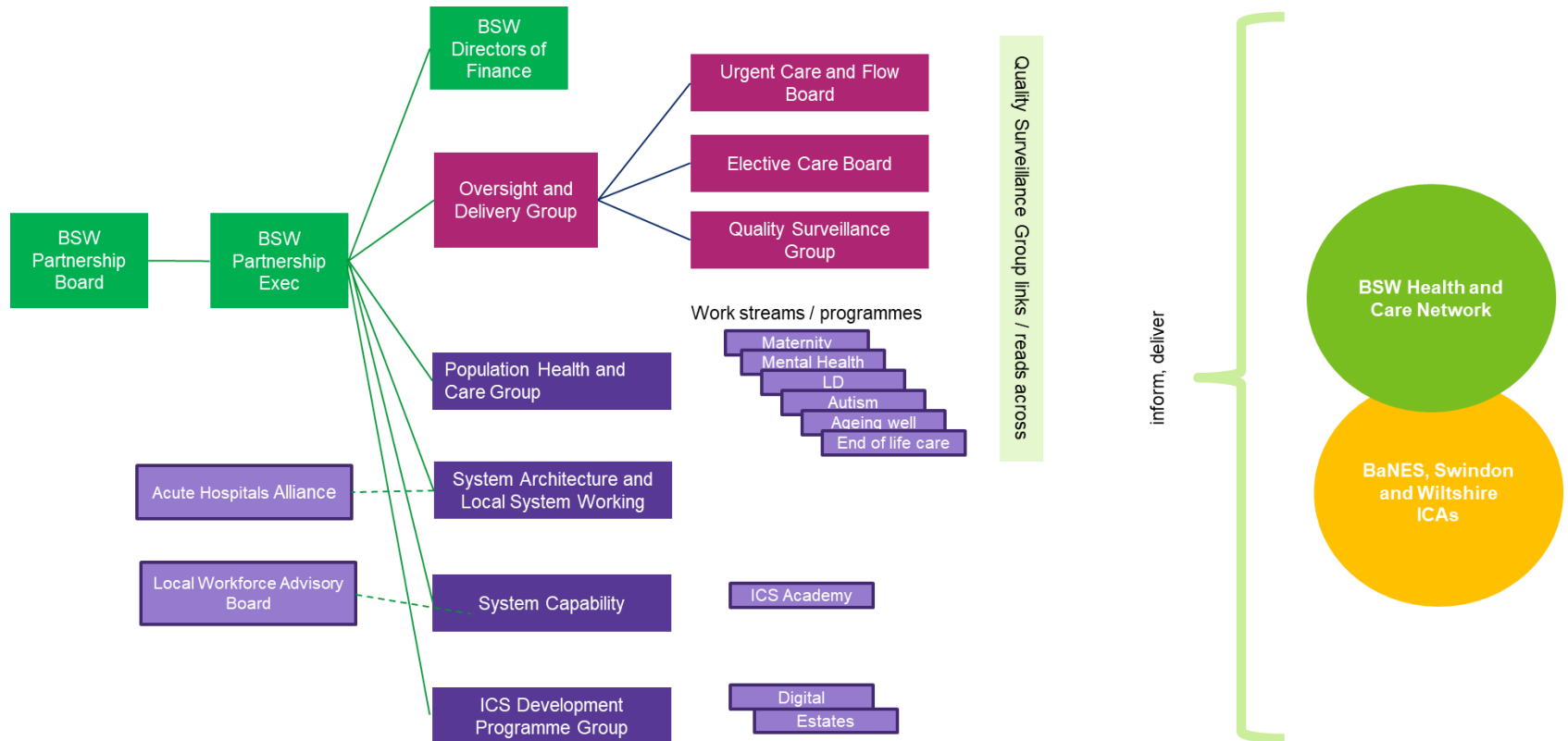


The following slides provide more detail on how we are developing our approach to working at neighbourhood, place and system level.

Working together

To enable effective working at the system level we have developed a new governance framework. This has been informed by listening to the approach taken in other systems and is designed to deliver the dual requirement of service delivery and transformation. The approach utilises distributed leadership and broad engagement in order to draw upon the experience, skills and insight that exist across BSW.

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Population health and care

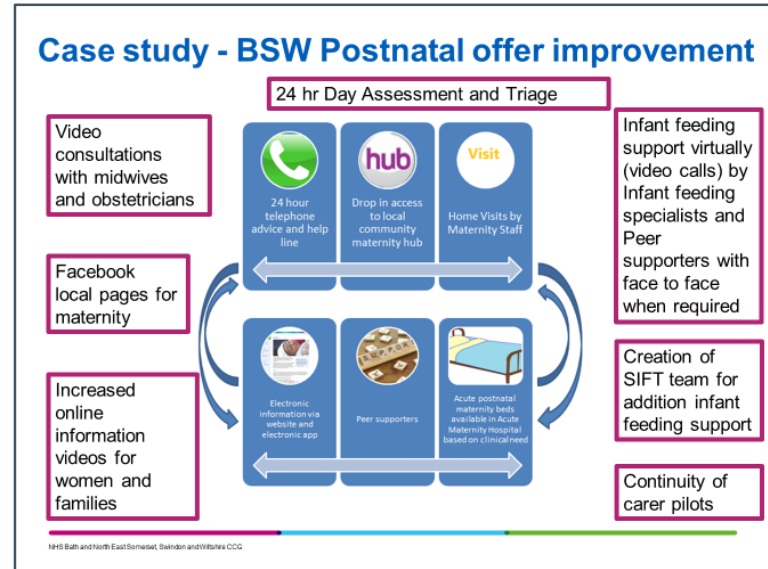
Population health and care

This multi-disciplinary group helps us coordinate the way we transform care services. On behalf of the ICS, it will oversee our approach to population health management and the resulting transformation initiatives that are commissioned across the system.

The current programmes of work were generated as part of the Long Term Plan and include:

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- Ageing well
- End of life care
- Learning disabilities and autism
- Maternity
- Mental health
- Population Health Management



"It's important to make a distinction between unwarranted and warranted variation. Unwarranted is when you make a decision without any attention to probability and values without outcomes. Warranted variation is when people feel differently about exactly the same outcomes. Those wishes have to be honoured in order for them to be personalised. If we don't pay attention to warranted variation we often give interventions to people who wouldn't choose them while we withhold them from people who would".

Professor Al Mulley

MD of the Dartmouth Institute's Global Health Care Delivery Science Program

System Capability

System Capability

Our System Capability workstream will develop the skills of everyone who works in the BaNES, Swindon and Wiltshire Partnership. It will drive development and foster shared working by creating an environment where everybody is encouraged to achieve their best and, by doing so, enable our system to develop.

It will unlock the potential in all of our colleagues so we can deliver better health outcomes for all of our citizens and empower them to lead their best lives.

This will be achieved through the development of a BSW Academy with 5 key areas of focus 'The Pillars'.

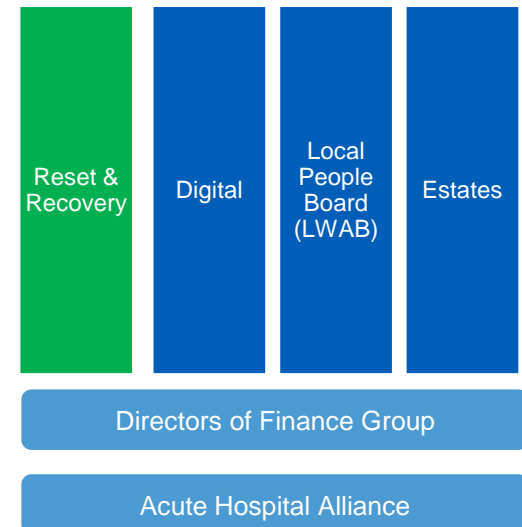
The Academy will help shape:

Culture	⇒	Mind Set
Capacity	⇒	Tool Set
Capability	⇒	Skill Set

The Academy



Enablers



Financial Transformation

Principles of Financial Openness and Transparency agreed and adopted across BSW

Our Directors of Finance have established a plan with timelines to develop systemwide financial governance arrangements and capital plans covering:

- Financial reporting
- Systemwide approach to managing finances and risks reflecting move to collective rather than organisational financial decision making
- Understanding scale of financial challenge and underlying causes
- Development of a recovery plan
- Oversight and performance monitoring
- Five year capital plans
- Future contractual form
- Move to capitation budgets
- Further integrating and joint decision-making for future planning rounds

The following two slides set out details of our planned approach and timeline for delivery.

Digital Transformation

Strategy	Aims
Digital First	Supplementing existing services with digital where efficiency or quality improvement is evidenced or can be evaluated
Integrated Care Records	Consolidate integrated care record solution across BSW to link in with LHCR
Shared Diagnostic Information	Share, view images and results within BSW
Digital workforce	Supporting a mobile workforce
Information and Data	One consistent model across CCG. Decision making informed by population centric data Cloud based Data Warehouse
Digital Innovation	Engaging with AHSN to adopt innovation e.g. AI opportunities
Infrastructure	Enabling digital change

Our Digital Board has approved 3 key priorities for BSW

- 1 - Integrated Care Record using Graphnet
 - Engaging with One South West LHCR
 - Identifying an image sharing solution
- 2 - Standardisation of kit and refresh cycle
 - Enabling a Digital Workforce projects
- 3- Achieve Cyber Essentials + (or equiv.)

Estates Transformation

Capital and estate

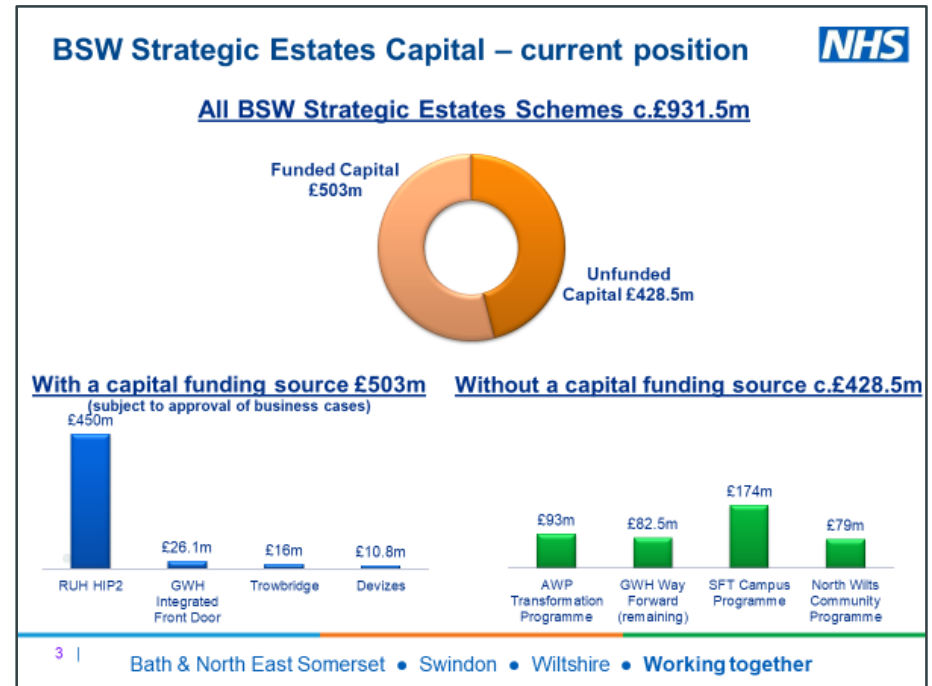
BSW has substantial estate development plans in all three localities.

- We are developing a system wide approach to capital and estates planning, with locality level reviews of estate plans between partners.

Collaboration between acute partners on estates issues will increasingly be coordinated through the acute hospitals alliance.

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- Funding is still to be confirmed for many of the capital programmes that are required to improve operational resilience.
- Substantial work is proceeding on taking forward funded capital schemes, e.g. RUH, business cases for community hospitals in Wiltshire, GWH front door.
- Infrastructure schemes deal with both backlog maintenance issues and preparedness for managing services within a Covid-19 safe environment.



How does developing an integrated care system help local authorities?

How does developing an Integrated Care System (ICS) help our Local Authorities?

In what are challenging times it is important that we put our energy and resources into those activities that will offer the greatest benefit to our local population.

There are two critical elements in our approach to developing our ICS that will deliver real benefit to the local authorities in BaNES, Swindon and Wiltshire and the citizens that they serve.

Firstly, the focus of our ICS development is on recognising the wider determinants of health and using our resources in the best possible way to address these. The commitment of NHS organisations to this approach will enable us to work with local authorities to better understand the needs of the local population and to focus on initiatives that improve wellbeing and prevent ill health. In this context, we will work alongside the local authority to focus on the resilience of both individuals and the communities within which they live.

The second critical element is our recognition of the need to work within the local authority boundaries. The three Integrated Care Alliances (ICA) we are creating within the ICS are coterminous with the local authority boundaries, making it significantly easier to work in partnership and ensuring the goals of the ICA are aligned to those of the local authority.

Insert quote from Sue Wald?

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***“Working together to empower people to
live their best life”***

**BSW Integrated Care System Submission
Organisation Briefing Paper**



Frequently Asked Questions FAQs

Integrated Care Systems

Why do we need to become an Integrated Care System?

The NHS Long-Term Plan, published in January 2019, outlines how the NHS will change in the future. Most notably for us, it sets the target of having Integrated Care Systems (ICSs) covering the whole country by April 2021, which will involve a fundamental shift in health and care commissioning.

Our patients' health and care needs are changing, with more people living longer often with multiple long term conditions. [This animation](#) (*it's really worth watching through to the end!*) explains the challenges facing the health and care system and why partnerships need to be formed between the NHS, local government and the third sector to integrate care and better meet our patients' health and care needs now and in the future.

[You can read more about the NHS Long Term Plan here.](#)

What is an Integrated Care System?

Integrated care systems (ICSs) will bring together local organisations to redesign care and improve health for local people. Integrated care systems will involve commissioners and providers working closely with local authorities to make shared decisions on how to use resources, design services and improve the health of their local populations. ICSs will integrate:

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

[You can read more about integrated care systems here.](#)

What is an Integrated Care Alliance?

Integrated Care Alliances (ICAs) involve commissioners, providers and other organisations working together to improve health and care for residents' in one locality. Working across organisational boundaries by choosing to focus on areas which are challenging for all partners. Agreeing a picture of future population needs. In BSW, there will be 3 ICAs – Bath and North East Somerset; Swindon and Wiltshire.

Is the Integrated Care System the same as the Sustainability and Transformation Partnership?

As envisaged in the NHS Long Term Plan, the BSW Integrated Care System will take forward the work begun by our Sustainability and Transformation Partnership (STP). It will continue to focus on health and care services working together to provide more coordinated care to patients and improve overall health outcomes for local people. However, we will work together in new ways within the ICS and ICAs, with new opportunities for integration at the front line, and in commissioning and delivery of services.

The vision of the Integrated Care System sounds great but what does it actually mean? Will there be cuts to services?

In 2016, NHS organisations and local councils came together to form the BSW Sustainability and Transformation Partnership (STP), working together to improve health and care for patients.

This partnership is now evolving to form an integrated care system, a new type of even closer collaboration. NHS organisations, in partnership with local councils and others, will work together to manage resources, delivering NHS standards, and improving the health of the population of Bath and North East Somerset; Swindon and Wiltshire.

With our NHS organisations working together in this way, alongside councils and drawing on the expertise of others such as local charities and community groups, we can provide better and more joined-up care that is tailored to the individual needs of patients and residents. We are developing a shared set of outcome measures to monitor and track progress against agreed priority areas for our geography.

The aim is not to cut services, but to look at how we can collectively make decisions on best using resources to have the biggest impact on health and wellbeing.

Where does general practice fit within the future Integrated Care System?

General practice sits at the heart of the future Integrated Care System model. We are in a positive position in BSW, with strong relationships and established Primary Care Networks. Community and other services will be designed around these networks, to ensure we are bringing care closer to the homes of our residents. This will focus funding around local services that our residents can access more easily, offer more joined-up care and are focussed more on prevention of poor health.

Are we looking at how other Integrated Care Systems have been formed to help inform our plans and sharing best practice?

Yes, we will definitely take learning from areas of the country that are further ahead in this journey. We have held a number of learning events over the summer to learn from their arrangements, and work closely with colleagues who are further ahead in the process than we are. NHS England and Improvement are supporting us with knowledge and information sharing.

What role will Integrated Care Systems play in resolving social care challenges?

Councils are key partners in the development of the BSW Integrated Care System and the development of Integrated Care Alliances, alongside NHS commissioners and providers. This recognises that there are many areas where we need to consider residents' health and care needs together and the wider determinants of health to make a real difference to outcomes. It will also allow us to collectively tackle some of the challenges we face around the financial sustainability of the health and social care system.

What safeguards are there to stop a commercial entity or a major acute trust dominating an ICS?

Integrated Care Systems will be partnerships between public sector bodies and organisations providing care to the health and care sector. Across BSW we are adopting a model of *Distributed Leadership* which means that we are drawing upon the skills and expertise of all partners.

In future, delegation to ICAs will be dependent on ICAs demonstrating the strength of their partnership arrangements, and how all the different sectors will work together for the benefit of their local population.

Patients and residents

What will be different for patients?

By joining together in this new approach to commissioning and provision, we hope to offer major benefits to our patients – local services that our residents can access more easily, offer more joined-up care and are focussed more on prevention of poor health and improving the health and wellbeing of our population. Our aim is also to make sure that the quality of care, and work to tackle inequalities, is more consistent across the our 3 localities.

Looking more widely at the development of an BSW Integrated Care System and partnerships at locality level, in many ways there won't be major changes for our residents. For example, residents will still see their local GPs and be able to access local services.

Primary care

What is a Primary Care Network?

Primary care networks (PCNs) bring together health professionals to provide an expanded health and care service for 30,000-50,000 patients in a particular local area. PCNs will provide access to GPs, nurses, specialist clinicians, allied health professionals such as pharmacists, physiotherapists and podiatrists, who will be joined by social care and voluntary sector support staff. There are 23 PCNs in BSW.

This [short film](#) explains the concept of primary care networks (PCNs) and how this new way of working enables health and other services to work better together to meet increasingly complex patient needs and the growing demand for services.

PCNs will enable a focus on the local population to address inequalities with greater provision of preventative, proactive, personalised, coordinated and more integrated health and social care. By working together in networks, GP practices and other care providers can deliver better care for their patients and better lives for their staff.

How will the primary care networks be engaged in this process to bring them on board?

GP clinical leads from the 3 localities are involved at a BSW and locality level in the development of plans for our Integrated Care System and locality based Integrated Care Alliances. The Primary Care Network Clinical Directors will be heavily involved in work at a locality level to develop and implement further plans for building more community and social care services around the emerging Networks, which is a key element of the integration work.

Clinical leadership

What do these plans mean for clinical leadership?

Strong clinical leadership from across a range of disciplines is critical the success of the ICS. Within the changing systems and structures there are new clinical networks emerging and various leadership roles – including clinical director roles within Primary Care Networks, clinician involvement in our Local Professional Leadership Networks in each locality; in the Population Health and Care Group and in our Quality Surveillance group. We are also looking at how we develop Clinical leadership across BSW.

Commissioning arrangements

What does the ICS development mean for commissioning?

The NHS Long Term Plan describes a leaner commissioning model with one strategic commissioning function at a BSW level. Outcomes will be set at this level and budgets to deliver these outcomes in the future may be delegated to Integrated Care Alliances as they develop into Partnerships with responsibility for resource allocation and service design. Over time, there would be a blurring of the purchaser/provider functions with commissioners taking on more of a facilitation role rather than direct decision making on service design or resource allocation.

What will commissioning look like?

We are seeking to strengthen the way we work locally, as well as together, at scale and to work collaboratively with providers. Systems are expected to adopt a population health management (PHM) approach to ensure effective planning and delivery of care based on robust population health insights. The strategic commissioner still has a number of statutory functions which will be needed to support the system.

There will be more emphasis on planning, with people with the skills to do this collaboratively and the skills to align and/or pool health and care budgets. More people with skills to make change happen- designing and enabling quality and service improvement, rather than monitoring and checking what providers do.

What exactly does commissioning for 'population health' mean?

Population health is a term used to describe the health outcomes and needs of a defined group of people. It involves having a focus on reducing variation and inequality of care for people living in an area.

The health of a population is influenced by a wide range of factors, including the local environment, people's social and economic situation, and their lifestyles. Someone's age and gender also make a difference to health, as well as their access to health, care and other public and private services.

Due to these wide ranging and complex factors, influencing and improving population health cannot be done by one single organisation. There is an increasing need for the NHS to work with different services, sectors and community groups to develop joined-up approaches to improving population health. Collaboration with local authorities is particularly important as local government are responsible for public health spending and a wide range of services that influence people's health.

CCGs and local authorities already commission a number of services jointly and over the last few years have been working together on local plans to transform services to make sure patients get the care they need in a more joined-up way.

As health commissioning changes, there is an opportunity to build on this work and discuss further how the NHS can work closer with local authorities and other partners in the future.

What is the future of specialised commissioning in the system?

Over time, national expectation is that strategic commissioners within an ICS will play a greater role in the commissioning of direct and specialist acute and mental health services currently commissioned by NHS England. The detail is still being worked through.

Will councils have a relationship with the integrated care partnership or with the BSW strategic commissioning function?

Both. The BSW system has one CCG with a strategic commissioning function, with one Governing Body. We already work closely with colleagues in local authorities at a locality level and this will continue and in future working with providers as well. Over time, the divide between commissioner and provider will become less significant, with commissioning done in partnership.

Finances

What will the finances look like?

Our Directors of Finance have established a plan to develop system wide financial governance arrangements and capital plans so that we can move towards move towards collective rather than organisational decision making. This will allow us to make best use of all the available NHS resources in our system. We have also agreed to develop a BSW financial recovery plan as we are currently spending more than we are allocated.

Governance

How do sovereign organisations and boards fit into the system?

Statutory organisations retain their current responsibilities and decision making authorities. We will be working in a collaborative way, agreeing where changes are appropriate and asking our constituent organisations to make appropriate decisions to support these changes within their own governance structures. We will be working together to collectively manage system performance, working across partners to improve operational performance and hold each other to account.

How will the BSW integrated care system link with local democratic accountability in local authorities?

The local democratic accountability that Councils hold will remain unchanged but Councils will work closely with NHS organisations and others as partners within the BSW Integrated Care System, working together to manage resources, delivering NHS standards, and improving the health of the population.

Engagement

How do we ensure that we don't lose the local voice of patients as we work more at scale?

We have launched a system-wide [Our Health Our Future \(citizens\) Panel](#). Membership is current +800 individuals who are representative of our local system that we can survey and work with to inform and feed into our local plans. The Panel is a crucial engagement tool for the Partnership and forms part of the new engagement model for BSW CCG. Our vision is to create a system-wide integrated model of engagement with our partners as our ICS matures.

As we work closer with communications and engagement leads from across our partner organisations there will be more opportunities to make more effective use of our collective resource and share insights so that we can drive up the quality of our engagement at a local and system-wide level.

We will also use mechanisms at a local level to gain an insight and understanding of the needs of local communities. This will include but is not limited to using feedback from our Healthwatch partners and other organisations and working with primary care networks to support them to involve their patients in planning services that best address local needs.

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JCG Minutes – 28th April 2020

Present:

Sue Wald (Chair)	SBC
Steve Maddern	SBC
Anne Mackay	SBC
Phillipa Lamb	SBC
Matthew Hawkins	CCG
Tammy Reeve	SBC
Jackie Walker	SBC
David Haley	SBC
Angela Plummer	SBC
Angela Clarke	SBC
Claire Smith (part)	SBC
Terry Johnson (part)	SBC

Apologies:

Gill May	CCG
Mike Ash	SBC
Dawn Sexstone	SBC
Lee-Anne Farach	SBC
David Freeman	CCG

1.	<p>Welcome & Apologies: as noted above.</p> <p>Meeting held via Microsoft Teams due to Covid-19 social distancing and lockdown restrictions.</p>
2.	<p>Declaration of Interests: none noted.</p>
3.	<p>Minutes of meeting held on 25th February 2020</p> <ul style="list-style-type: none"> • Agree Minutes: agreed • Matters Arising: action tracker reviewed
4.	<p>Finance 2019 / 20 – Sue Wald / Jackie Walker</p> <ul style="list-style-type: none"> • Funding for hospital discharge – confirm arrangements • CHC – confirm current arrangements for Covid-19 • FNC – confirm current arrangements for Covid-19 • Provider uplift and Covid-19 premium <p><u>Coronavirus Pandemic – Additional funding to support Health and Social Care</u></p> <p>The Government have provided additional funding to support Health and Local Government</p> <p>1. £1.6bn has been provided to local authorities to help respond to COVID-19 pressures across all services. Swindon Borough Council has received £5m of funding.</p> <ul style="list-style-type: none"> • Meeting the increased demand for adult social care and enable councils to provide additional support to social care providers. It is proposed that we make an additional monthly payment of 10% to all care providers with the exception of Learning Disability residential and nursing placements who we will pay 5% to. This is in recognition of their higher weekly charges. Open book arrangements will be made with providers to review the actual costs incurred. It is anticipated that the majority of funding will be used for this purpose. • Meeting the cost of ensuring staff having the PPE required for them to carry out their job role. • Meeting the cost of extra demand and higher business-as-usual costs of providing children's social care • Providing additional support for the homeless and rough sleepers • Supporting those at higher risk of severe illness from COVID-19, who have been

- asked to self-isolate in their homes for the duration of the pandemic
- Meeting pressures across other services, as a result of reduced income, rising costs or increased demand

At this stage it is not possible to be precise about the financial implications of COVID-19 on the Council. However the key emerging financial issues relate to cost pressures, income shortfalls and funding support from central government.

These will become clearer over the next few weeks and be the subject of regular reporting to Ministry of Housing, Communities and Local Government (MHCLG). The anticipated scale of the challenge across all local authorities is such that it will not be possible for local government to address this within existing resources, without substantial central government support.

In coming up with a single figure, we have to be cautious, and we would advise against giving one. In order for us to produce one, we would need to be able to answer the question “when will things get back to normal and what will the new normal look like?” with a reasonable degree of confidence

- The NHS has been provided with £1.3bn to support enhanced discharge arrangements. This is in addition to other schemes specifically supporting acute hospitals and out of hospital providers.

The enhanced discharge scheme includes providing free out of hospital care and support to people discharged from hospital or who would otherwise be admitted into it, for a limited time. The aim is to get people out of hospital quicker by temporarily funding the additional package costs for those requiring social care including those self-funding, the full costs for new packages in a different setting, or the costs of enhancements to existing packages of care.

As part of this agreement we need to agree for the local authority to put an appropriate portion of funding into a pooled budget with the CCG to cover costs, including normal planned expenditure on discharge support and ensure there is no risk of debates about which fund should pay. The amount to go into this pooled budget is still being finalised.

In regard to costs jointly between SBC and Swindon CCG we have the following agreement in place.

- Residents leaving hospital on pre assessment domiciliary care or in a temporary residential placement will be charged to this funding. Once the social care assessment is completed and if the resident requires long term support this will be funded by the local authority and a client contribution charged or moved to self funding.
- As FNC assessments are not currently being completed, nursing placements will be charged to this fund until the end of this emergency payments. Assessments will then be completed and this will require a transition process for those no longer eligible for Funded Nursing Care.
- AS CHC assessments are not being completed during this period, residents likely to qualify for CHC funding will be charged to this fund until the end of this emergency payments. Assessment will then be completed.

3. Reimbursement

Where costs are incurred by SBC that are payable by the NHS scheme these will be reclaimed from the CCG via a return. The CCG doesn't receive direct funding for the scheme and must provide evidence to reclaim costs incurred from NHSE/I on a monthly basis. This will include the CCG providing matched funding for the enhanced premium of 5 –

	<p>10% for joint funded placements.</p> <p>Action: Sue Wald to discuss with ADASS the uplift for health placements.</p> <p>Action: Jackie Walker to check with Dawn Sexstone regarding Children's Services.</p> <p>Action: Jackie Walker to liaise with Angela Clarke / Mark Green to review some of the high cost placements. Matthew Hawkins suggested that joint funded placements need to be shown separately. Jackie Walker agreed but noted that this would be a big piece of work.</p> <p>Action: Jackie Walker / Matthew Hawkins to further discuss claiming back monies.</p>
5.	<p>Gateway papers</p> <ul style="list-style-type: none"> • <u>Headway (Swindon) – Terry Johnson</u> <p>To seek possible savings against the contract with Headway Swindon (HWS).</p> <p>The current contract has two funding elements:</p> <ul style="list-style-type: none"> • Core contract: covers running costs. • Additional spend from Personal; <p>Headway have met or are on track to meet the set KPI's within the contract.</p> <p>The current contract runs until 31st March 2021 with an option to extend for 2 years.</p> <p>Headway Swindon (HWS) aims to enable brain injury survivors to regain and relearn skills that have become impaired because of a brain injury and provide them with support and advice. Attendees have an individual plan of Cognitive Rehabilitation Therapy and social rehabilitation activities to enable them to meet their goals and achieve their potential. They offer support and advice to carers to enable them to cope with and manage the impact of a brain injury on the family.</p> <p>Action: Angela Clarke / Mark Green / Claire Smith to discuss the current service and how we meet the needs of teenagers and can provide this service jointly with ASC.</p> <p>Action: Angela Clarke / Mark Green to liaise with Terry Johnson about options for future procurement in 2020 (framework or single provider).</p> <ul style="list-style-type: none"> • <u>Royal Voluntary Service – Claire Smith</u> <p>It was agreed that we cease funding to the Royal Voluntary Service.</p> <p>The Royal Voluntary Service (RVS) have been commissioned to deliver the Reducing Loneliness and Isolation contract since 1st September 2017. The contract end date is 31st August 2020, with the option to extend for a further 2 years.</p> <p>The RVS are commissioned to deliver a service that recruits and trains volunteers to support people who are experiencing social isolation, with an aim of targeting those who are most at risk of losing their independence. It was agreed that there are now other options through the Live Well Hub and other voluntary organisations.</p> <p>Action: Claire Smith to check contract terms and conditions.</p> <p>Action: Angela Plummer to nominate a representative to work with Claire Smith on future options.</p>
6.	<p>Any other business – none noted.</p>

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Next meeting: Tuesday 9th June at 2pm till 4pm in CR1, Civic

JCG Minutes – 23rd June 2020

Present:

Sue Wald (Chair)	SBC
Gill May	CCG
Anne Mackay	SBC
Phillipa Lamb	SBC
Matthew Hawkins	CCG
Tammy Reeve	SBC
Jackie Walker	SBC
David Haley	SBC
Angela Plummer	SBC
Caroline Kelly	SBC
Mark Green	SBC
Amanda Du Cros	CCG
Gareth Cheal (part)	SBC
Claire Smith (part)	SBC
Terry Johnson (part)	SBC
Esther Schmidt (part)	CCG

Apologies:

Steve Maddern	SBC
Mike Ash	SBC
Dawn Sexstone	SBC
David Freeman	CCG

1.	<p>Welcome & Apologies: as noted above.</p> <p>Meeting held via Microsoft Teams due to Covid-19 social distancing and lockdown restrictions.</p>
2.	<p>Declaration of Interests: none noted.</p>
3.	<p>Minutes of meeting held on 28th April 2020</p> <ul style="list-style-type: none"> • Agree Minutes: agreed • Matters Arising: action tracker reviewed and updated
4.	<p>Paediatric therapies review – Caroline Kelly / Esther Schmidt</p> <p>CK / ES presented the slides for JCG consideration. The proposal is to engage with children and young people. Action: review at September JCG to agree the detailed plan and a way forward with this proposal.</p>
5.	<p>Finance 2019 / 20 – Jackie Walker / Matthew Hawkins</p> <p>Outturn report presented by JW. Adult Social Care has seen an increase in demand from older people, including community equipment; agency costs for in house provider care homes, due to vacant posts; increase number of Deprivation of Liberty assessments required to be completed.</p> <p>Covid-19 report presented by JW. Covid-19 pressure of £6m. This is covering payments to providers of residential and nursing care, PPE, additional demand for domiciliary care and hospital discharge</p> <p>£.</p>

	<p>CCG financial report presented by MH. Highlights to report:</p> <ul style="list-style-type: none"> • Swindon CCG has merged with BaNES and Wiltshire CCG's from 1st April 2020 to become BSW CCG. • CCG's nationally are currently only budgeting for M1-M4. The CCG has submitted claims for Covid 19 but so far NHSE has only settled March 2020 claim. This is leading to significant budget pressures in health budgets as well. <p>In light of the current financial pressures in health and social care, it was agreed to review the risk share options at JCG in October.</p>
6.	<p>SBC recovery plan – Angela Plummer</p> <p>AP presented the LAG recovery plan. The preparing for adulthood roadshow was cancelled in early June, hoping to join this up with the big local offer. In house services did not stop (respite, residential services and reablement). Day services did stop as we could not maintain social distancing. Service user, building and individual risk assessments are ongoing. There is an additional work stream covering commissioning and stabilising the market.</p> <p>DH highlighted the headlines for recovery from Children's Services. Services maintained but delivered differently. Children's social work is undertaking face to face visits. Re-starting of the paediatric therapy service based on a safe working space. Child protection conferencing – start to bring back as face to face in Civic. Strategy meetings are remote but need to be reviewed. Face to face work on health visiting and family nursing – approved by the recovery group.</p> <p>Amanda Du Cros reported that the CCG are having discussions around the recovery model, with Adult Social care supporting this. Action: progress report to be discussed at JCG in July.</p>
7.	<p>Ongoing support for social care providers from SBC and CCG post June 2020 – Angela Plummer</p> <p>AP provided a verbal update on the infection control grant for residential homes and domiciliary care providers. Allocated £1.6m infection control grant – clear guidelines on how that is used and paid. 75% paid to care homes. Average figure per bed within that allocation. Funds paid within the conditions. The aim of the fund is to ensure staff only work in a single home including agency staff. PPE was included in the first grant to providers. 25% for domiciliary care and for supported living. The Council continues to supply providers with emergency PPE. Weekly provider meetings held to focus on this.</p> <p>Action: Infection control grant link https://www.swindon.gov.uk/downloads/file/6537/covid-19_infection_control_grant_letter_to_government_-_may_2019</p>
8.	<p>Gateway papers</p> <ul style="list-style-type: none"> • NHS advocacy – Terry Johnson <p>The NHS Independent Complaints Advocacy (NHSICA) service is a statutory specialist service, which supports people who are considering, or wishing to make a complaint about the health and social care services they receive.</p>

	<p>Independent Advocacy helps service users and involves:</p> <ul style="list-style-type: none"> • Listening to what a person wants to say and supporting them to express what their view or concern is and what it is they want to happen • Providing access to information so they understand their options and choices • Offering practical help such as writing letters or attending meetings • Explaining responses and correspondence so that the person understands what is happening and the process they are going through • Acting on their behalf and ensuring that professionals are treating them fairly and in a dignified manner. <p>The service is currently delivered by The Care Forum, based in Bristol with a Swindon base, as part of the Healthwatch contract.</p> <p>SBC have been approached by Wiltshire County Council to undertake a joint tender led by Wiltshire County Council. It was agreed to decline the offer of a joint tender</p> <ul style="list-style-type: none"> • PAD extensions - Citizens Advice and Twigs – Claire Smith <p>CS presented the Citizens Advice and Twigs gateway papers. CS advised that both are extensions to current contracts. Both services have had a big impact due to Covid-19. There is some risk with changing provider now – may lose confidence with service users. Looking for 6 month extension. SW / DH / GM / MH agreed to extension.</p> <p>CS reported a significant increase in demand at the carers centre. Experienced staff to deal with carers assessments have been put in post on a 3 month contract. They have experience with bereavement counselling. Risk – may see the numbers for carers needing support increase Action: JW to review funding – agreed in principle.</p> <p>CS advised that shop mobility has now restarted with a booking service only but is not financially sustainable.</p>
<p>9. Any other business.</p>	<p>SW – Covid-19 shielding proposals to be discussed at the next JCG.</p>

Next meeting: Tuesday 21st July at 2pm till 4pm

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JCG Minutes – 21st July 2020

Present:

Sue Wald (Chair)	SBC
Gill May	CCG
Mike Ash	SBC
Angela Plummer	SBC
Matthew Hawkins	CCG
Tammy Reeve	SBC
Jackie Walker	SBC
David Haley	SBC
Caroline Kelly	SBC
Amanda Du Cros	CCG
Claire Smith (part)	SBC
Kay Reeve (part)	SBC
Sarah Carolan (part)	CCG

Apologies:

Steve Maddern	SBC
Mark Green	SBC
Dawn Sexstone	SBC
David Freeman	CCG
Anne Mackay	SBC
Phillipa Lamb	SBC

1.	<p>Welcome & Apologies: as noted above.</p> <p>Meeting held via Microsoft Teams due to Covid-19 social distancing and lockdown restrictions.</p>
2.	<p>Declaration of Interests: none noted.</p>
3.	<p>Minutes of meeting held on 23rd June 2020</p> <ul style="list-style-type: none"> • Agree Minutes: agreed • Matters Arising: action tracker reviewed and updated
4.	<p>Finance 2019 / 20 – Jackie Walker / Matthew Hawkins</p> <p>MH reported on the following:</p> <ul style="list-style-type: none"> • BSW CCG reported a funding deficit of £14m at M2 which included £7.7m of COVID-19 costs. • NHSE have provided additional funding to reimburse the £7.7m of COVID-19 costs during July. • It is still expected that CCGs will receive additional allocations to enable them to breakeven. Deductions of £18m were made from the CCG original allocations for M1-M4 and these deductions are a factor in the funding deficit being reported. • The main areas giving rise to funding deficits to M2 were delegated primary care, prescribing costs and Funded Nursing Care rate increases. <p>Action: GM to provide a report on access to assessments for continuing health care / joint funding approach on personal health budgets. GM to confirm date when this will be ready for JCG discussion.</p> <p>JW reported the position from SBC at month 3. Some improvement from last month. Still showing a budget pressure in adult social care of just over £5m due to Covid-19.</p> <ul style="list-style-type: none"> • £0.630m Home Care/Dom Care increase of 50hrs per week to end July then Stabilise. • £1.567m Emergency provider payments to end of June then 50% to end Sept. • £0.200m COVID 19 contingency.

	<ul style="list-style-type: none"> • £0.302m Workforce cost pressures to end July offset by Infection control Grant. • £1.213m Projected shortfall of savings plan. • £0.802m PPE for year (£1.397m offset by £0.595m charged to CCG). • £1.451m Nursing placements and pre-assessment currently funded by CCG to be SBC pressure from 1st Sept. • £0.214m pressure for Equipment. • (£0.758m) Offset by reduction in Nursing/Residential placements, assumption is now stabilises. <p>Action: DS to provide an updated report on Children's finance for the next meeting.</p>
5.	<p>SBC recovery plan report – Angela Plummer / David Haley</p> <p>AP reported that we have continued to provide services throughout the Covid-19 outbreak and are working on plans to re-start day services. This will need to take account of social distancing. All risk assessments for individual staff members, buildings, service users etc have been completed with a proposed date to re-open these services on 8th October. Need to maximise recruitment before winter pressures.</p> <p>AP raised concern regarding GWH discharge capacity with lack of weekend working which has resulted in a lack of social care referrals at weekend. AdC reported that the 7 day operations will be escalated at the Discharge to Review meeting being held today.</p> <p>NDTi has now started work on strength based practice across all Council, voluntary and community and health services. The commissioning team are working with care homes on long term plans.</p> <p>DH reported a forecasted increase in demand in MASH between September and December with an additional 300 referrals based on the current trends and data we have. Need to review how we resource and fund this work and if we can improve office based working for MASH and strategy discussions.</p> <p>DH reported that therapy services have returned to the Saltway Centre but there has been a delay from the manufacturer to get the infection control flooring in place. This is expected to be in place next week.</p> <p>MA reported that housing people who are homelessness and the nationally referred to 'everyone in' project continues. The next steps is to submit a bid for funding to maintain support for existing households and new homeless households. Bid deadline is 20th August. MA reported that rent arrears have risen weekly and repairs are only carrying out urgent work.</p> <p>SW reported that health and well-being programmes in Public Health will be starting in September.</p>
6.	<p>Covid-19 shielding proposals – Sue Wald</p> <p>SW advised that the programme had been paused nationally and asked if the CCG could check through primary care networks if GP's are maintaining shielded residents. SBC have written to registered residents to advise them of changes from 31st July. Food distribution will stop on 31 7 2020 and residents have been advised of alternatives and how to register for online shopping. Medication delivery have been the areas of highest demand. Work with pharmacies is taking place to encourage individuals to regain their independence and collect prescriptions themselves. Action: AdC to check primary care lists and report back to SW.</p>
7.	<p>Section 75 renewal – Sue Wald</p> <p>SW reported that our section 75 expired during the Covid-19 lockdown. The BSW have offered to produce a draft which will be discussed at a future JCG – date to be confirmed. Section 75 covers adults, children and public services.</p>

8.	<p>Winter planning and discharge to access planning – Jackie Walker / Gill May</p> <p>JW reported the plans and what is currently funded for winter planning from the Council's resources and discharge to access costs. There is no increase in the winter funding that the Council received for 2020/21</p> <p>GM reported the CCG are currently reviewing the out of hospital demand in readiness for a combined BSW capacity position next week. A meeting has been arranged for 10th August to start conversations and prepare for a workshop in September.</p>
9.	<p>ASD action improvement plan – progress report – Kay Reeve / Sarah Carolan</p> <p>KR reported on meetings held last week with BSW colleagues. Locally we have completed our joint strategic needs analysis, next local work is refresh the strategy and develop a work programme. BSW are keen that we have a BSW wide strategy with the aim to have a BSW strategic position by end of 2020 with a formal strategy written by the end of the financial year. The plan requires engagement across a wide range of organisations and resource is a concern. DH suggested that the SEND strategic board could help with the focus on delivering actions. GM advised that the CCG are happy to support SBC colleagues with resource support. It was agreed that the current action plan is sub divided into three groups of actions: 1. Actions to be taken into BSW, 2. actions to be progressed through SEND Board; 3. remaining actions across health and social care locally</p> <p>Action: KR/FF to review the written statement of action group to see if there are resources available to support.</p> <p>Action: KR / SC / ES / Fiona Francis to review the improvement plan and identify what can be supported across BSW.</p> <p>Action: KR / SC to provide an update at September JCG.</p>
10.	<p>Gateway papers – none submitted for discussion</p>
11.	<p>Issues for escalating – none raised.</p>
12.	<p>AOB</p> <ul style="list-style-type: none"> Swindon Carers Centre funding – Claire Smith <p>CS reported that the Swindon Carers Centre have seen an increase in demand and there are increasing pressures around meeting the needs of carers in Swindon. SCC are requesting additional funding for 1 year of £12,950 to cover emergency cards, carers breaks and carer support and are proposing a 22 hour post to cover from September. This £12k is in addition to the £4k uplift. It was agreed to fund this 50/50 from CCG and SBC through uplift in Better Care Fund.</p> <p>Action: CS to produce quarter 1 report on all voluntary sector organisations that we support for discussion at September JCG.</p>

Next meeting: Tuesday 15th September at 2pm till 4pm

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