

## Bath & North East Somerset Council

MEETING/ DECISION MAKER:	<b>Cabinet</b>	
MEETING/ DECISION DATE:	<b>9 November 2023</b>	EXECUTIVE FORWARD PLAN REFERENCE:
		<b>E 3489</b>
TITLE:	<b>Community Services Transformation Programme – Preferred delivery options for 2024/25 and 2025/26</b>	
WARD:	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b> Equalities Impact Assessment for Adult Social Care Transfer – Appendix 1 Equalities Impact Assessment for Community Partners – Appendix 2 Equalities Impact Assessment for Public Health Services – Appendix 3		

### 1. THE ISSUE

#### Summary of the recommendations:

- Update on the progress of the Adult Social Care (ASC) transfer.
- Approve funding for the Interim Contractual Arrangement for 2024/25.
- Approve the proposal for the Council to directly commission Public Health and Community Partner services as of April 2025.
- Endorse continued engagement of relevant officers in the procurement process for the Integrated Community Based Care (ICBC) programme (Children's and Adult's Health).
- Agree next phase for the Community Wellbeing Hub.

It should be noted that the decisions requested now and in the future, and the progress of the workstreams do not replace the Council's existing budget setting or policy frameworks. They will, however, form the gateways of governance and approvals in the next stage of the process in the delivery of Community Based Care for the B&NES population.

## **2. RECOMMENDATION**

### **2.1. Regarding the transfer of ASC services:**

- (1) To note the update on progress of the transfer of ASC services and the outcome of the internal audit;
- (2) To endorse continuation of the delegated responsibility for the transfer of ASC services to the Director of Adult Social Services, in consultation with the Lead Cabinet member for Adult Services, noting the November 2022 Cabinet approval for the transfer of ASC to B&NES Council (Transfer Decision Ref: E3393) including the delegated responsibility for the transfer of ASC services to the Director of Adult Social Services, and the commitment held against the social care reserve as a mitigation against any financial risk associated with the transfer following due diligence on current and future operating costs. Members will be aware of the underlying pressure on the Q2 ASC revenue budget due to increasing demand in learning disability and older people services. The service is working hard to deliver in year mitigations to address revenue pressures. This is expected to place a demand on the ASC reserve to support the move to a balanced budget.

### **2.2. Regarding the commissioning of Public Health services:**

- (1) Approve the delegated responsibility for the commissioning of Public Health services to the Director of Public Health and Prevention, in consultation with the Lead Cabinet member for Adult Services.
  - (2) Endorse the proposal for the direct commissioning of Public Health services as of 1 April 2025 (through current arrangements via a mix of directly delivered and sub-contracted services by HCRG Care Group through existing contract arrangements until 31 March 2024) and subsequently the interim arrangements until 31 March 2025, as referred to below. Noting delegated authority for the future commissioning of these services sits with the Director of Public Health and Prevention.
- 2.3.** Approve the revised best estimate of funding liability of £18,116,521 which includes contributions for Community Health, Public Health and Community Partners delivered services and the Council's contribution towards the Better Care Fund (BCF) for 2024/25 in respect of the approved proposal for an interim contractual arrangement. This is in accordance with the decision taken in July 2023 (see Update on Contractual Arrangement Decision 23/24 Ref: E3469) and services will be delivered within the existing budgetary envelopes.
- 2.4.** Approve the proposals for the Council to commission Community Partner delivered services directly (excluding those in the Health strategic commissioning group, see Section 3.17) as of 1 April 2025 (currently delivered through the existing arrangement with the HCRG Care Group and proposed interim arrangements until 31 March 2025 as referred to below). Noting delegated authority for the future commissioning of these services sits with the Director of Adult Social Services and the Director of Public Health and Prevention services.
- 2.5.** Endorse the continued engagement and involvement of relevant officers in the procurement process for the Integrated Community Based Care programme, including the approach to selection, timelines and public engagement for

community services beyond April 2025, as per the request from colleagues on the ICB Board noting any future decisions around commissioning decisions will be in accordance with existing delegations.

- 2.6. Agree ongoing support from officers to determine the strategic case for a Community Wellbeing Hub (CWH) and agree to Phase 2 of the Outline Business Case (OBC) commencing to inform a final OBC. A subsequent paper will be presented to Cabinet at a later date (note existing arrangements from Section 3.26).

### 3. THE REPORT

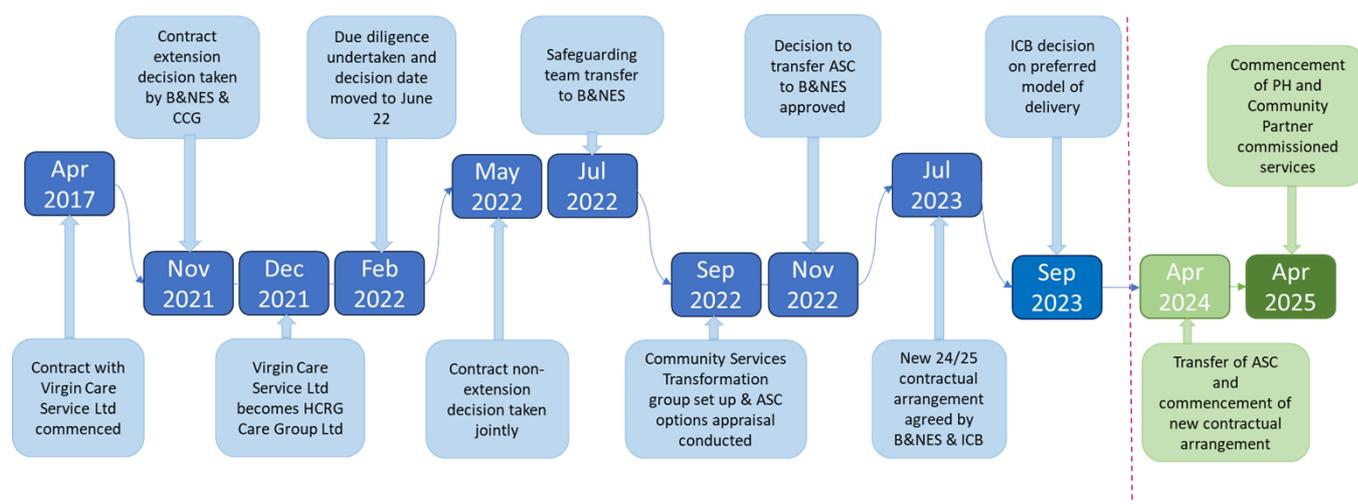


Figure 1: Community Services Transformation Timeline

## BACKGROUND

3.1. Bath and North-East Somerset Council (B&NES) and what is now the Bath, Swindon & Wiltshire Integrated Care Board (ICB) made a decision not to extend the HCRG Care Group contract for the three-year extension term in May 2022 (Non-extension Decision Ref: E3362). The Council completed a detailed options appraisal, and a decision was taken to transfer Adult Social Care (ASC) to B&NES Council (Transfer Decision Ref: E3393). An update on the progress of the transfer of ASC is provided from Section 3.3.

3.2. In July 2023 a new contractual arrangement was approved by B&NES and the ICB for a one-year period covering 2024/25 (see Update on Contractual Arrangement Decision 24/25 Ref: E3469). Under this arrangement the ICB are the Coordinating Commissioner for Children's and Adults Health services, Public Health and Community Partner delivered services, with B&NES as Co-Commissioner.

## PROGRAMME 1: ADULT SOCIAL CARE REDESIGN UPDATE

3.3. The transfer of Statutory Adult Social Work, Direct Payments Support, and Adults with a Learning Disability services back to the Council, in line with the standard operating model was presented as part of a Strategic Outline Business Case (SOC) and ratified by B&NES Cabinet on 10 November 2022 (see Decision Reference E3393). This also includes the Shared Lives service which

was reviewed through a separate options appraisal process and sits within the Learning Disability service.

- 3.4.** The internal audit for Programme One has now been concluded and the Assurance Rating given was Level 4 – Substantial Assurance: The systems of internal control are good, with a number of strengths evident and substantial assurance can be provided. It found that the assessment of the Key Control Objectives were all rated as "Good" and the overall governance and programme management arrangements in place for Programme One – ASC Transfer are "robust and comprehensive".
- 3.5.** A Local Government Association (LGA) Peer Review of adult social work was carried out during September 2023. The peer review team noted the traditional nature of elements of the operating model and commented that other local authorities have had to take tougher financial decisions over recent years due to the financial challenges they have faced. The key findings from this review are detailed in the table below and provide assurance over the provision of adult social work for the B&NES population.

Table 1: Summary of Peer Review

Strengths	Considerations
Well led organisation with a positive workforce culture built upon mutual respect and values	How systems, processes and data are used to best effect to inform practice and performance oversight
Clear corporate purpose with strong political and corporate leadership in supporting Adult Social Care	Opportunities for further development of practice and oversight through simplification of structures and insourcing plans
Kind, collegiate, generous staff <i>"we don't keep a good idea to ourselves"</i>	Ambitious plans with many strategic and operational initiatives planned in next 6 months as part of longer-term plan
Self-aware – no surprises and plans in place to address some of the challenges as reflected in the Self-Assessment	To support delivery of plans may wish to consider the range of support and advice that is available externally as well as internal resource required
Partnerships and strong relationships	Co-production

- 3.6.** Further work is ongoing to determine the full impact of the future cost of ASC service delivery. This will include full details on the transitional contingency costs associated with the transfer in year one. This will include the mitigations that will need to be put in place to manage costs within the budgetary envelope in subsequent years. Cabinet approved the transfer of ASC to B&NES Council in November 2022 (Transfer Decision Ref: E3393). The agreement that a commitment would be held against the adult social care reserve as a mitigation against any financial risk associated with the transfer for one year will be reviewed in light of the increasing pressures on the ASC reserve due to the additional current Q2 ASC pressures that have materialised. The in-housed model for adult

social care will need to be cost neutral from 2025/26. It is therefore likely that there will be services changes and consequences.

**3.7.** Any potential future decisions on ASC service provision after year one will be brought back to Cabinet if further governance gateways are triggered in line with existing policy and approvals frameworks.

**3.8.** The table below details ASC transfer mobilisation spend to date.

*Table 2: ASC Mobilisation Costs to Date*

<b>Cost Type</b>	<b>Actual Spend to Sep 2023/24 (rounded to '000)</b>
Internal	£360
External	£260
<b>Total</b>	<b>£619</b>

**3.9.** The three Community Partners who deliver subcontracted services to support the Adults with Learning Disabilities and their Families Service are included in the one-year interim contractual arrangement. All Community Partner delivered services will be reviewed during 2024/25 and then commissioned as required once this arrangement ends on the 31 March 2025.

**3.10.** A separate appraisal was conducted for the Complex Health Team, and it was decided it should remain within the one-year contractual arrangement. This option preserves the existing model of clinical governance, prevents a risk of double TUPE for the staff, and ensures the "safe landing" (see Section 4.1 for a definition) of a high-performing service for the interim period. Any future service review will be dependent on the ICB review and decision-making process.

## **DELEGATED RESPONSIBILITY TO OFFICERS FOR ASC AND PUBLIC HEALTH**

**3.11.** The continuation of the delegated responsibility for the transfer of ASC services to the Director of Adult Social Services, and the commissioning of Public Health services to the Director of Public Health and Prevention ensures that these two programmes can progress effectively and that governance and assurance on both is appropriate.

**3.12.** Both programmes are delivered in consultation with the Lead Cabinet member for Adult Services who has oversight and is kept regularly informed of progress, risks, mitigations, and any potential constraints to overall programme delivery.

## **VARIATIONS TO THE INTERIM CONTRACTUAL ARRANGEMENT**

**3.13.** The interim contractual arrangement means B&NES is required to contribute a best estimate of funding liability of £18,116,521 to fund Public Health services and services delivered by Community Partners, along with the continuation of the contributions towards some Adults and Children's Health Services to the ICB.

**3.14.** There is no material change in the service provision from the decision taken in July 2023, however it is to note that the costs included in the Update on Contractual Arrangement Decision 24/25 Ref: E3469 did not include the Better Care Fund (BCF) contribution, this is now included in the table in section 3.15. The interim arrangement will be delivered within the existing budgetary envelope for these services.

**3.15.** The table below shows the best estimate of the contributions required to support the interim arrangement.

*Table 3: Interim Arrangement Funding*

Funding Stream	Values to Remain in Interim Contractual Arrangement
Overall Council Funding	£6,574,011
Overall Public Health	£6,704,517
Overall BCF Funding	£4,837,993
<b>Total</b>	<b>£18,116,521</b>

**Included:**

- Adults' and Children's Community Health Services
- Public Health Services
- Community Partner Provided Services
- Complex Health Team (excluded from the ASC & LD transfer)

**COMMUNITY PARTNERS**

**3.16.** During 2024/25 a full review of future commissioning intentions will be undertaken to optimise the preferred service specifications for the commissioning of Community Partner delivered services. This will support future service transformation and enable a full value for money assessment across delivery of the services provided to ensure they best meet the needs of B&NES residents. This will provide the strategic direction to inform the commissioning of these services with the existing budgetary envelopes from April 2025.

**3.17.** Community Partners have been organised into the following strategic commissioning groups:

- Children's
- Adult's
- Public Health
- Housing
- and Health (which will sit with the ICB for commissioning)

Delegated authority for the future commissioning of these services sits with the relevant B&NES Council officers in accordance with existing Council policy.

**3.18.** Following a joint options appraisal with the ICB it was determined that the contract management function within the existing HCRG Care Group contract would (4FTEs) return to the Council in line the funding allocation, as this represented the most effective solution. This will then be reviewed in line with the Council's own internal Commissioning and Contract Management function

reviews, and alongside the redesign of all Community Partner delivered services in collaboration with the ICB.

## PROGRAMME 2: PUBLIC HEALTH

**3.19.** There are interdependencies with the ICBC (Children’s and Adult’s Health) programme across the delivery of Public Health Nursing and Wellness services. The optimal solution for these is to have them aligned to ICBC programme. To enable these services to potentially benefit from a collaborative solution they are on the Reserve list under the ICBC scope for procurement (see Section 3.23).

**3.20.** A summary of the preferred commissioning options for the Public Health services are included in the table below. Delegated authority for the future commissioning of these services sits with the Director of Public Health and Prevention in accordance with existing Council policy, and services will be delivered within the budgetary envelope of the Public Health grant for 2025/26. These options are for 2025/26 delivery as these services are delivered under the new contractual arrangement and within the budgetary envelope for 2024/25.

Table 4: Preferred Options for Delivery of PH Services

Service Line	Currently directly delivered or sub-contracted	Preferred Option
<b>Public Health Nursing</b>	Directly delivered	Commissioning collaboratively with ICB-delivered B&NES Children's Community Health for integrated service delivery
<b>Wellness Service</b>	Is delivered through a mixture but mainly directly delivered	Commission core Wellness services collaboratively with ICB Mental Health and Wellbeing service element of SD14 for integrated service delivery for B&NES
<b>Substance Misuse</b>	Sub-contracted	Commission for service delivery for B&NES
<b>Sexual Health (GP, LARC and Community Pharmacy)</b>	Sub-contracted	Commission ongoing service provision with GP's and Pharmacies
<b>NHS Health Checks</b>	Mainly sub-contracted with one employee doing outreach	Commission the outreach element as part of the Wellness service and NHS Health Checks with GP practices

## INTEGRATED COMMUNITY BASED CARE (ICBC) PROG 3 (CHILDREN’S AND ADULT’S HEALTH): UPDATE

**3.21.** A delivery plan has been developed and approved by the ICB Board on the 14 September. This is a critical document which will inform next steps in the next phase of ICBC Programme and includes strategic transformation priorities, which will be set out in detail in the market engagement documentation. Specifications, linked to the Delivery Plan, are well developed and will provide high-level

strategic documents to develop and build with Providers through the negotiation process.

- 3.22.** A Services in Scope document sets out what is expected to be in the scope of the ICBC contract from April, including those services in Reserve that may be brought into the contract at a later date.
- 3.23.** The ICB is working closely with Bath, Swindon & Wiltshire Local Authorities to ensure that governance timelines are aligned for the decisions being asked of Cabinets in respect of the service in the Core or Reserve lists.
- 3.24.** There are significant interdependencies with the ICBC Programme that is seeking to maximise the opportunity for transformational change in the way that health and care services are delivered in the B&NES, Swindon and Wiltshire areas, following the expiry of the existing contracts for the current provision of community services, including the HCRG Care Group contract. These require collaborative solutions and careful management across both organisations. A continued B&NES officer presence is requested by the ICB to ensure alignment and to support the decision-making process.
- 3.25.** In due course the Cabinet will be asked to endorse the specifications, scope and the financial envelope for the Integrated Community Base Care (ICBC) programme (Children's and Adult's Health) for services delivered from April 2025. Best estimates of funding liabilities from April 2025 will continue to be refined as the process progresses.

## **COMMUNITY WELLBEING HUB (CWH)**

- 3.26.** The CWH is not a commissioned service, and while it works in parallel and with existing schemes in the HCRG Care Group contract, it is not part of this contract. The CWH was set up to support communities during the Covid pandemic and has developed and coordinated elements of the wellbeing offer since this time. It is not a Council run service but is governed as a partnership model between the CWH delivery partners. The overarching aim of the Community Wellbeing Hub is to be the "front door" for prevention and early help support for residents across B&NES and seeks to: "sustain, support and improve the wellbeing of B&NES residents by working together across partner organisations to be collectively responsive to the changing needs of our communities".
- 3.27.** This front door approach and collaborative joined up response, enables organisations within the system to deliver on their statutory duties related to wellbeing duty, information and advice. The CWH also delivers upon national, Bath, Swindon & Wiltshire and B&NES strategic objectives to support a system shift towards prevention and integrated working.
- 3.28.** Preliminary cost effectiveness work suggests that there is a strong invest to save case for the CWH. The Outline Business Case (OBC) is already well developed with completion of the core requirements for a CWH, design principles for the delivery model, cost effectiveness estimations and a draft budget beyond April 2025.
- 3.29.** Funding for 2024/25 has been secured, however there are elements of the OBC that cannot be confirmed until wider strategic decisions have been made in

relation to Community Transformation Programmes 2 and 3 work. Cabinet is therefore asked to agree to Phase 2 of the OBC commencing so that the OBC can be completed and the proposed sustainable business model for the CWH from April 2025 can be presented to Cabinet (at a date to be confirmed). This involves the allocation of officer time to support this phase of work, which will enable work to commence from Jan 2024 to implement the Delivery Plan to secure all elements of the CWH by April 2025.

- 3.30.** If approved, Phase 2 of the CWH OBC will be completed to inform a future paper to Cabinet. As this is not a B&NES Council led service, this will ask if Cabinet agree to the proposed sustainable business model and the Council's funding contribution required for the Community Wellbeing CWH (from April 2025). Maintaining the CWH will be very challenging based on our current resource profile, unless we can deliver this through a more robust partnership model.

## **COMBINED FUNDING STREAMS**

- 3.31.** In the existing contract, all funding is pooled funding from both B&NES and the ICB, which is then used to provide shared community-based care services. This will need to be managed for the duration of the interim award and at the end of the contract to ensure an equitable solution for both organisations, and in recognition of the new arrangements to be put in place from April 2025.

- 3.32.** Legal advice has been sought (see from Section 6.5) which has identified that all services that are to be jointly commissioned should be covered by a Section 75 (of the National Health Act 2006) agreement, stating the governance arrangements for contract management and monitoring for the 2024/25 contract award. This should also reflect the funding arrangements, including details on risk sharing around under/overspend on any pooled funds, visibility around financial performance reporting and will identify the payment arrangements (some services are block payments and others are activity based).

## **4. STATUTORY CONSIDERATIONS**

- 4.1.** Statutory areas of consideration have been assessed to ensure there is a "safe landing" of services. Safe landing refers to delivery of a regulatory compliant service from day one, with continuity of service provision and no impact on service users, that prevents destabilisation of the workforce and has a change process that is evidenced through audit.
- 4.2.** The areas reviewed cover all Statutory duties of the Council, Safeguarding, Equalities, and Crime and Disorder.

## **5. RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 5.1.** Interim Contractual Arrangement – the best estimate of the total contribution required and within the budgetary envelope is £18,116.521 for the interim contractual arrangement for 2024/25
- 5.2.** ASC – Mobilisation costs of £619k have been incurred up to the end of September 2023. Structured work is ongoing to identify the future mobilisation costs required up to the end of March 2024 to ensure a safe landing of ASC services. This work also includes assessment of the operational funding requirements for year one

(2024/25) and the mitigations required to reduce the impact of any transitional contingency. Further approvals from Cabinet will be sought if any additional governance gateways are triggered.

**5.3.** Public Health – all services to be managed within the Public Health grant envelope.

**5.4.** Community Partners – a full review of future commissioning arrangements for Community Partner delivered services will be undertaken during 2024/25 to optimise delivery within the budgetary envelope for these services.

**5.5.** Community Wellbeing Hub – to continue to provide resources to support the workstream activity (see Section 3.26 to 3.30) and the CWH steering group. This will inform the business plan, the funding requirements and sustainable funding arrangements from April 2025 onwards.

## **6. RISK MANAGEMENT**

**6.1.** A risk assessment relating to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

**6.2.** The key risks in respect of the interim contractual arrangement identified for B&NES are shown below. It should be noted though that these are balanced against the high potential for loss of service had the interim arrangement not been agreed.

*Table 5: Interim Arrangement Key Risks*

<b>Key Risk</b>	<b>Mitigation</b>
Service delivery costs must align with existing budgets.	B&NES is working closely with the ICB to ensure the cost of the interim arrangements remains within the existing budgetary envelopes.
12-month delay to the strategic transformation of services.	The proposal allows a further 12 months to review and assess the optimal long term transformational strategies.
Fair apportionment of any shared costs.	This will form a part of the contractual negotiation between both B&NES Council and the ICB with HCRG Care Group.
Procurement risk around the interim arrangement.	Legal guidance has been sought to mitigate against any potential procurement risks as far as possible for the duration of the interim arrangement.

### 6.3. Summary of key risks and mitigations: Public Health

Table 6: Public Health Key Risks

Key Risk	Mitigation
Tight timelines for procurement activity.	Detailed procurement timetables factored into an overall PH programme plan and timeline.
Destabilisation of market providers and existing third-sector organisations.	Gather evidence to assess the potential impact. Assess the combined impact of any changes on overall services provision. Draft strategy on managing any potential impacts.

### 6.4. Summary of key risks and mitigations: Community Partners

Table 7: Community Partners Key Risks

Key Risk	Mitigation
Existing Community Partners concerned over the timescale for redesign and commissioning	The interim contractual arrangement ensures timelines are appropriate and manageable. This will be supported through identification of strategic requirements and effective communication with the provider market.
Inflationary pressure on future contractual arrangements	Optimisation of service delivery, to ensure value for money in provision is maximised, supported through a detailed and effective consultation process.

## LEGAL ADVICE

### INTERIM CONTRACTUAL ARRANGEMENT

**6.5.** B&NES has sought independent legal advice around the proposed interim contractual arrangement which could be taken to help (i) mitigate against procurement challenge; and (ii) protect against some of the consequences of a procurement challenge, the application of which officers are considering with ICB colleagues. This advised that the Council will retain the procurement risk relating to the future award and provide advice on potential risk mitigating strategies. Noting such strategies should be coordinated with that of the ICB to agree a joint mitigation strategy.

**6.6.** The advice supplied to the Council included how best to mitigate the procurement risk of directly awarding the New Contract alongside the ICB. No formal contractual documentation has been issued but Council officers continue to liaise with the ICB over implementation of the interim award and to agree commissioning intentions and agreement of the negotiated contract for 2024/25.

- 6.7.** The legal advice provided has supported the provision of Community Provider services through the interim contractual arrangement to allow the council time to review the service provision prior to commissioning and while a potential new procurement regime settles in.
- 6.8.** Officers will continue to seek expert legal advice up until April 2025 at governance gateways in respect of the Community Service transformation programme to provide ongoing assurance to Cabinet members.

## **PROCUREMENT**

- 6.9.** Legal advice was sought by the Council in April 2023 to provide initial guidance to support the Council in their planning activities in relation to the re-procurement of the Council funded Community Partner delivered Services.
- 6.10.** The following areas have been discussed in this advice as the focus of the Council's request:
- a) Estimation of value and aggregation rules;
  - b) Thresholds and light-touch services under the Public Contract Regulations (PCR) 2015;
  - c) Direct award (regulation 32);
  - d) Mitigation; and
  - e) The impact of the Provider Selection Regime (PSR) which is intended to come into force on 1 January 2024 and would supersede points b) and c) above.

## **BUSINESS TRANSFER AGREEMENT**

- 6.11.** Officers are developing the contractual documentation necessary to effect the transfer in of ASC services, with support from the Council's external legal advisors Bevan Brittan.

## **7. EQUALITIES**

**7.1.** The impact on health inequalities and duties to those with protected characteristics under equalities legislation has also been considered and documented in fulfilment of the legal duties in these areas. No specific EIA issues have been raised because of the impact assessment carried out for the proposed new service delivery arrangement for 2024/25 and 2025/26 because the proposed models do not change the service offered to residents.

**7.2.** The Council has completed proportionate EIA reviews for ASC Transfer, Public Health and Community Partners delivered services. The ICB will complete the EIA for Community Health services.

## **8. CLIMATE CHANGE**

**8.1.** No negative impacts are expected from the proposed new delivery models on climate change. The proposed service delivery arrangements will be comparable to the existing provision for Adult Social Care, Public Health and Community Partner delivered services.

**8.2.** The implementation of revised service specifications, the phased transition to a new Target Operating Model for ASC and efficiencies in commissioning and service delivery should aim to support a reduction to the impact of service delivery on climate change.

## **9. OTHER OPTIONS CONSIDERED**

**9.1.** All feasible options have been considered as part of the drafting of the business cases. This includes an HMT Green Book compliant long-list to short-list options appraisal process. The options selected to be taken forward represent those that best met the Investment Objectives and Critical Success Factors. These then underwent an economic appraisal, and the preferred option is the one found to deliver the highest cost-benefit ratio (CBR) and net present social value (NPSV).

## **10. CONSULTATION**

- 10.1.** There has been extensive collaborative consultation between the Council and the ICB throughout the delivery of the programme workstreams to date. Representatives from the ICB have been involved in all applicable workshops and have provided comments and review of all preparatory documentation to inform the options appraisal process.
- 10.2.** There have been detailed briefings and reviews through the delivery of the programmes carried out by internal Council stakeholders including the Council's Statutory Officers, Directors, and the Senior Leadership Team.
- 10.3.** As there will be no significant change to the structure and arrangements of the service provision, nor the scope of services provided up to March 2025, there is no requirement for public consultation until services are reviewed in line with the service transformation plans during 2024/25.
- 10.4.** The council has been informing and consulting our council Trade Union representatives monthly since November 2022. Additional funding for trade union facilities time was built into the mobilisation costings to support this programme. UNISON have been exploring with HCRG Care Group the release of an HCRG Care Group union member to join these sessions as an HCRG Care Group employee representative, although to date this is not in place.
- 10.5.** HCRG Care Group have invited Council officers (not the Trade Unions representatives) to attend their staff sessions to give information about TUPE, share information about the Council service and respond to questions. There have been two staff sessions (22 May and 8 June 2023) and 3 further group sessions have taken place on the 27 September 2023. Sessions scheduled for 22 and 23 November 2023 are expected to include the formal consultation regarding the 'measures' (changes) the council envisages taking in relation to affected employees.
- 10.6.** Following a council enquiry requesting the detail of the HCRG Care Group employee representatives in accordance with TUPE Regulation 13 and 14, HCRG Care Group have confirmed they will make arrangements to elect employee representatives and that our council trade union representatives can also attend the joint formal consultation meetings with their staff in November.
- 10.7.** The table below shows all engagement to date with the provider market.

Table 8: Market Engagement

Provider Event Description	Date	Lead
Community Partners Engagement Event	22 Sept 2022	Lead jointly by B&NES, the ICB and HCRG
Second Community Partners Engagement Event	8 March 2023	Lead jointly by B&NES, the ICB and HCRG
Engagement event to inform Community Partners of contracting arrangements April 2024 to March 2025	6 June 2023	ICB
Market engagement for providers following the release of ICB PIN (c.70 individuals from c.30 organizations)	4 July 2023	ICB
ICBC Market Engagement event	1 August 2023	ICB

<b>Contact person</b>	Mandy Bishop – Chief Operating Officer Claire Thorogood – Assistant Director Strategy, Transformation and Governance
<b>Background papers</b>	<ul style="list-style-type: none"> <li>• Non-extension Decision Ref: E3362</li> <li>• Decision Reference E3393</li> <li>• Community Services Transformation Programme – Update on Contract Arrangements for 2024/25 Ref: E3469</li> </ul> <p>These are available for inspection on B&amp;NES Council website</p>
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