Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Health and Care Board

Date: **Tuesday, 4th June, 2019**
Time: **11.00 am**
Venue: **Council Chamber - Guildhall, Bath**

Board Members: Councillor Rob Appleyard, Mike Bowden, Tracey Cox, Corinne Edwards, Dr Ruth Grabham, Councillor Kevin Guy, Lisa Harvey, Sarah James, Dr Ian Orpen, Suzannah Power, Councillor Dine Romero, Andy Rothery, Councillor Richard Samuel and Martin Shields

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NOTES:
1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1

Paper copies are available for inspection at the **Public Access points:-** Reception: Civic Centre - Keynsham, Guildhall - Bath, The Hollies - Midsomer Norton. Bath Central and Midsomer Norton public libraries.

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

The Health & Care Board (the "Board")is the mechanism for delivering a unified approach to health and care planning and funding by the B&NES CCG and B&NES Council. The Board comprises a B&NES CCG Governing Body committee (the "Integration Committee") and a B&NES Cabinet Sub-Committee (the "Cabinet Committee"), meeting in parallel, voting separately and with each committee complying with its parent body's constitutional arrangements. Majority decisions on the same resolution by each Committee are required to effect a decision of the Board.

The terms of reference and public participation scheme for the Board can be found on the CCG and Council websites

3. **Recording at Meetings:-**

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QUESTIONS FROM THE PUBLIC & COUNCILLORS

Members of the public and Councillors have the right to put forward questions for answer at a meeting of the Health & Care Board, concerning an item on the agenda or within the remit of the Board. This right extends to any resident of Bath & North East Somerset of

any age and includes a homeless person, a traveller currently within the Council area or a member of the Council's staff provided the subject matter relates to their role as a private citizen. This right also exists for a representative of any Bath & North East Somerset organisation or of any South West regional or sub-regional organisation that has legitimate legal activity in the Bath & North East Somerset area or affecting Bath & North East Somerset citizens. All questions must be submitted in writing (this to include transmission by e mail).

A maximum of 2 questions will be accepted per individual (each question to have no more than 2 sub-sections). No supplementary questions are allowed.

All questions will be circulated to members of the Board in advance of the meeting.

Notice of the question must be given to the Council's Democratic Services office no later than close of business 4 clear working days before the day of the meeting (eg 5pm on a Wednesday for a meeting on the following Wednesday).
democratic_services@bathnes.gov.uk

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A Board Member who is asked a question may

- nominate another Board Member to reply on his or her behalf;
- indicate that a written answer will be provided, in which case that written answer shall be provided no later than 5 clear working days after the day of the meeting, where practicable.

A question will not be accepted under this Rule if

- the answer would require exempt or confidential information to be divulged;
- the subject matter is about an application for a legal consent or permission where there is an alternative process to challenge the decision or to appeal against it or where the question/answer process might prejudice the proper consideration of such an application or consent;
- it is about a matter which has already been lodged with the Council or CCG or with another statutory body as a formal complaint;
- it contains an allegation against, or comments about, the conduct of individual councillors or officers.

STATEMENTS AND PETITIONS FROM THE PUBLIC OR COUNCILLORS

Members of the public and Councillors have the right to put forward statements and petitions at a meeting of the Health & Care Board, concerning an item on the agenda or within the remit of the Board.. This right extends to any resident of Bath & North East Somerset of any age and includes a homeless person, a traveller currently within the Council area or a member of the Council's staff provided the subject matter relates to their role as a private citizen. This right also exists for a representative of any Bath & North East Somerset organisation or of any South West regional or sub-regional organisation that has legitimate, legal activity in the Bath & North East Somerset area or affecting Bath & North East Somerset citizens.

There is no minimum number of signatures required for a petition.

Advance notice of the statement or petition, setting out the subject matter, must be lodged with the Council's Democratic Services office no later than 2 clear working days before the day of the meeting at which the submission is to be made (e.g.Friday 4.30pm for a meeting on Wednesday). - democratic_services@bathnes.gov.uk

A submission under this Rule will not be accepted if:

- it seeks to address exempt or confidential matters;
- the subject matter is about an application for a legal consent or permission where there is an alternative process to challenge the decision or to appeal against it or where this Procedural Rule might prejudice the proper consideration of such an application or consent;
- it is about a matter which has already been lodged with the Council or CCG or with another statutory body as a formal complaint;
- it contains an allegation against, or comments about, the conduct of individual councillors or officers.

There is a limit of one submission per member of the public. There is a limit of 30 minutes for items from the public, extended at the Chair's discretion. Individual submissions will normally be limited to a maximum of 3 minutes, or at a shorter time if advised by the Chair.

Once the submission has been made, the meeting will then determine what action it wishes to take on the matters contained in the submission.

5. Emergency Evacuation Procedure

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

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Health and Care Board - Tuesday, 4th June, 2019

at 11.00 am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING 6TH MARCH 2019 (Pages 9 - 14)

To confirm the minutes of the above meeting as a correct record.

8. RECOMMISSIONING OF HOMECARE (INDEPENDENCE AT HOME) SERVICES (Pages 15 - 34)

B&NES Council and CCG has an opportunity to take an integrated approach to recommissioning homecare, which is vital to our local health & care system. This report sets out a proposed framework model which would allow all CQC regulated homecare providers with a base or in operation within the boundary of B&NES to apply

to be added to the framework.

Nationally & locally, the homecare sector is fragile with significant concerns in workforce and provider sustainability as well as increasing demand and costs. In B&NES, long term contract arrangements for homecare have expired and to meet the timeline for the framework model implementation extensions will be put in place with the existing strategic partners.

9. OVERVIEW OF POOLED BUDGET ARRANGEMENTS AND 2019/20 BETTER CARE FUND FINANCIAL PLAN (Pages 35 - 46)

This report is to provide Health and Care Board with an overview of pooled budget arrangements between the council and CCG, the associated reporting and governance arrangements. It includes the Better Care Fund (BCF) financial plan for 2019/20 at appendix 1.

10. PROPOSED NEW GOVERNANCE ARRANGEMENTS FOR COMMUNITY SAFETY AND SAFEGUARDING IN B&NES (Pages 47 - 68)

The attached report sets out the rationale for establishing a new B&NES Community Safety and Safeguarding Partnership.

The new Partnership will replace the existing Local Safeguarding Children Board, the Local Safeguarding Adult Board and the Responsible Authorities Group. The proposal has been developed as a change in the statutory requirements has meant that Local Safeguarding Children Boards are to be abolished by 28th September 2019. New arrangements must be agreed and published by 29th June 2019.

The change in legislation has provided an exciting opportunity to create a new Partnership with a commitment and focus on Think Family and Community.
The proposed model is required to be authorised by the three statutory agencies, B&NES Council, NHS BaNES CCG and Avon and Somerset Constabulary.

The proposed new arrangement ensures the Council and CCG meet their statutory duties whilst offering a range of benefits which will be created by merging the existing Boards / Group.

There are limitations to the proposal; however with careful management and continuous review it is believed the benefits that can be achieved strongly outweigh these limitations.

First and foremost the outcomes for children and adults will be improved by having one strategically-led conversation. There will be one operational group which will also benefit from one conversation.

The Committee Administrator for this meeting is Jack Latkovic who can be contacted on 01225 394452.

BATH AND NORTH EAST SOMERSET

MINUTES OF HEALTH AND CARE BOARD MEETING

Wednesday, 6th March, 2019

Present:- Mike Bowden, Corinne Edwards, Councillor Charles Gerrish, Lisa Harvey, Sarah James, Dr Ian Orpen, Suzannah Power, Councillor Vic Pritchard, Andy Rothery and Councillor Tim Warren

Apologies for absence: Councillor Paul May, Tracey Cox, Dr Ruth Grabham and Martin Shields

1 WELCOME AND INTRODUCTIONS

The Chair (Dr Ian Orpen) welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Senior Democratic Services Officer drew attention to the evacuation procedure as listed on the agenda.

3 APOLOGIES FOR ABSENCE

Martin Shields, Tracey Cox, Dr Ruth Grabham and Councillor Paul May had sent their apologies for this meeting.

4 DECLARATIONS OF INTEREST

There were none.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

The Chair used this opportunity to congratulate on Tracey Cox on her appointment as Chief Executive of Bath and North East Somerset, Swindon and Wiltshire CCGs and also as the lead for Sustainability and Transformation Partnership in the region.

The Chair also said that item 10 on the agenda (Mental Health Review) would be considered under Council Constitution Urgency Rule 15 as publicised in the agenda.

6 PUBLIC QUESTIONS/COMMENTS

The Chair informed the meeting that he had not received questions from public and Councillors.

Councillor Eleanor Jackson would address the Board before Mental Health Review agenda item.

7 HEALTH AND CARE BOARD - TERMS OF REFERENCE

Councillor Tim Warren introduced the item by expressing his pride in working with other partnership bodies, such as BANES CCG. This Board would present a 'marriage' between the Council and CCG, and it would be a historic moment for both organisations and people who live and work in BANES.

Councillor Tim Warren moved the recommendations.

Dr Ian Orpen seconded the motion by agreeing with Councillor Warren that this was a historic moment for both organisations, and also one of the first in the country. Dr Orpen also said that there was a lot of work to be done to make the decision making process smoother for the Board.

Mike Bowden added that it was helpful for the Board to meet in its Shadow form before the inaugural meeting in order to develop relationships and get familiar with the democratic process.

Councillor Vic Pritchard said that the Health and Care Board should be recognised nationally for bringing two bodies together in making decisions that were of interest for their community.

RESOLVED (unanimously) that the Health and Care Board agreed to approve the final version of its Terms of Reference.

8 JOINT WORKING FRAMEWORK

Sarah James introduced the report by saying that this was a revised version of the document that has been presented to the Shadow form of the Board. Sarah James also said that she would suggest a slight amendment in the recommendations by adding to authorise the relevant officers to make a few necessary changes before those documents are signed by Chief Officers.

Sarah James said that the Joint Working Framework would also make use of section 113 agreements which would allow offering one party's employees to the other party for the purposes of the joint commissioning of services. To support individuals who would be working in the new integrated structures, a range of training and support sessions had been arranged.

Sarah James moved the revised recommendations.

Councillor Charles Gerrish seconded the motion by saying that the Council and CCG have developed a good record of working together.

Corinne Edwards informed the Board that 2 workshops had happened where members of the staff from both organisations had been briefed about Section 113 agreement.

Mike Bowden said that both organisations would progress even further and embed their joint aspirations to deliver the best for BANES community. Mike Bowden also said that there would be a number of challenges to face but that he was confident

that the Council and CCG would successfully overcome all obstacles in their joint goal to deliver the best services to the people of B&NES.

Dr Orpen said that some practical joint working arrangements would get better in future.

RESOLVED (unanimously) that the Health and Care Board approved the updated Joint Working Framework to be signed on behalf of individual organisations by the Chief Executive of the Council and the Chief Officer of the Clinical Commissioning Group; and authorised the relevant officers to make few small necessary changes before the Chief Executive of the Council and the Chief Officer of the Clinical Commissioning Group sign the document on behalf of individual organisations.

9 INTEGRATED OUTCOMES FRAMEWORK

Mike Bowden introduced the report by saying that the measures have represented chosen priorities for the Board and were determined by a subgroup of Board members which have met on 13 February 2019.

Mike Bowden proposed that the recommendations should read as:

1) To agree that the 24 proposed measures adequately represent the priorities of the Health and Care Board and can therefore be used to form the Integrated Outcomes Framework
2) To task the Business Intelligence Manager at the Council and the Performance Manager at the Clinical Commissioning Group to jointly set out the capacity and timescale plan to produce reports required for the Health and Care Board meetings.

Mike Bowden moved the recommendations (as amended).

Corinne Edwards seconded the motion by welcoming the report and amended recommendations, and thanked Elizabeth Disney for her dedicated work in putting the framework together.

Councillor Charles Gerrish also welcomed the report although he felt that the data should need to be more up to date for prompt reporting on the measures outcome.

Sarah James said that there would be some inevitable delays in terms of data gathering. Nevertheless, the officers would do their best to include most up to date data in the proposed measures. Some of those measures would be long term and the data for those measures may be few months old.

Councillor Vic Pritchard welcomed the list of measures by highlighting that they represent aspirations for two organisations. Councillor Pritchard also said that it would not be easy to produce tangible results, and to implement these targets would be a challenge.

Lisa Harvey said that the framework would consist of individual outcomes and community outcomes.

The Chair said that outcomes would change and that more manageable measures would be available before the Board.

RESOLVED (unanimously) that the Health and Care Board:

1) Agreed that the 24 proposed measures adequately represent the priorities of the Health and Care Board and can therefore be used to form the Integrated Outcomes Framework
2) Tasked the Business Intelligence Manager at the Council and the Performance Manager at the Clinical Commissioning Group to jointly set out the capacity and timescale plan to produce reports required for the Health and Care Board meetings.

10 MENTAL HEALTH REVIEW - RULE 15

Dr Ian Orpen informed the meeting that the decision would be made in accordance with Rule 15 of the Council's Constitution. Dr Orpen noted it would generally be an ordinary Health and Care Board decision, although due to the need to make the decision before end of March 2019 (due to contract expiry) it was necessary to use the Council's urgency procedure and as such the decision would not be a subject of Call In.

Councillor Eleanor Jackson made her statement by saying that this would be one of the most important decisions made by the Council and CCG. Councillor Jackson also said that people should receive better access to Mental Health services and quoted statistics set out on pages 47 and 71 of the report. Depression and mental health illness are higher in deprived areas, such as Radstock and Westfield, and Councillor Jackson suggested that the lack of youth services in those areas did put an additional pressure on Mental Health services. Councillor Jackson welcomed the strategy and the work with other agencies and added that social media was one of the biggest causes of depression in young people. Councillor Jackson concluded her statement by thanking the Board for the comprehensive Mental Health Review report and suggested regular monitoring of this matter, whether by the Board or other bodies in the Council and/or CCG.

Councillor Vic Pritchard thanked Councillor Eleanor Jackson for her statement and introduced the report by saying that the Mental Health Review has started in 2017. Councillor Pritchard also thanked the Health and Wellbeing Select Committee for their contribution to this review. There would be more preventative services to stop people falling in crisis. The Thrive model of care would start in 2019/20 and is already in use in children and adolescent mental health service. The Thrive model would support the provision of mental health services using a whole-system, population-based approach which would focus on the mental health wellbeing and mental illness needs of different groups of people as well as the needs of individuals. It supports integration across health, education, social care and voluntary sector, with a central focus on delivering improved outcomes for people. The implementation of the Thrive model would also allow for more effective links to place initiatives such as GP Primary Care Networks and would ensure mental health is embedded across all sectors of provision.

Councillor Vic Pritchard moved the recommendations.

Lisa Harvey seconded the motion by saying that this was a new model for Bath and North East Somerset and that other areas in the country were looking to adopt the same model. The CCG and the Council have recognised that the creation of a new model of mental health provision was a bold and transformational step. However, mental health services could not continue to be delivered in the same way because, in the long term, it would be unaffordable, unsustainable and, most importantly, it would not deliver the preventative, collaborative and personalised service that local people and professionals have asked for.

Councillor Tim Warren welcomed the proposals by highlighting the influence of social media on an increase of stress and anxiety. The Council and CCG wanted to take the responsibility and help the community by introducing the model which would deliver better services for people who need help.

Councillor Charles Gerrish also welcomed the proposals by saying that the Three Ways School in Bath have already seen benefits of using Thrive model.

The Board invited Caroline Holmes and Sue Blackman to take the Members through the report.

Suzannah Power also welcomed the proposal and thanked the officers on explaining some parts of the report. Suzannah Power also thanked the whole team for engaging the public into the review.

The Chair thanked the officers for the report and welcomed the approach for using the Thrive model of Mental Health provision in Bath and North East Somerset.

RESOLVED (unanimously) that the Health and Care Board agreed that the Clinical and Commissioning Group and the Council work with existing system leaders to deliver the new Thrive model of Mental Health provision in B&NES.

The meeting ended at 11.25 am

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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MEETING	**HEALTH AND CARE BOARD**
DATE	**04/06/2019**
TYPE	**An open public item**

Report summary table	
Report title	Recommissioning of Homecare (Independence at Home) services
Report author(s)	Vincent Edwards – Commissioning Manager, Adult Social Care 01225 477289 Alison Enever – Commissioning Project Manager – 01225 395907
Summary	B&NES Council and CCG has an opportunity to take an integrated approach to recommissioning homecare, which is vital to our local health & care system. This report sets out a proposed framework model which would allow all CQC regulated homecare providers with a base or in operation within the boundary of B&NES to apply to be added to the framework. Nationally & locally, the homecare sector is fragile with significant concerns in workforce and provider sustainability as well as increasing demand and costs. In B&NES, long term contract arrangements for homecare have expired and to meet the timeline for the framework model implementation extensions will be put in place with the existing strategic partners.
Recommendations	The Board is asked to ratify the proposals which were agreed by the Joint Commissioning Committee at its meeting of 25th April, 2019, and are detailed in section 2 of this report relating to: ○ Endorsing the framework and 'innovation contract' approach to homecare and actions identified to progress this ○ Interim contractual arrangements to promote continuity of service while the framework is developed The Board is also asked to note related funding recommendations agreed to come from the integrated Better Care Fund by the Joint Commissioning Committee on 25th April 2019: ○ An independent fair price of care analysis for homecare ○ Specialist support to develop innovation pilots and transformation to outcomes based commissioning in homecare.
Rationale for recommendations	The balance of evidence suggests that a sustainable homecare sector for B&NES is most likely to be achieved by: ▪ taking a flexible approach ▪ valuing existing relationships

	▪ paying a fair (but controlled) price for care ▪ making best use of available capacity and; ▪ raising the profile of the sector and workforce. Crucially, these recommendations support an approach which maximises independence yet reduces overall demand on the health & care system alongside effective short term interventions such as reablement and development of strength-based social work practice. See sections 2 and 3d of the report for additional detail. Section 4 identifies other options considered.
Resource implications	The Council and Clinical CCG combined spent over £10m on homecare in 2018/19. The social care budget is under continued pressure alongside growing demand for services. Homecare costs in B&NES are high compared to the rest of the country. Over time it is hoped that the framework approach will contribute to reduced package costs of formal care. Longer term cost efficiency is supported through a fair cost for care exercise. See section 5 for further details on resource implications.
Statutory considerations	The Council has statutory duties to ensure that people requiring financial support to meet their care needs, are able to access good quality services. The Care Act also requires Councils to shape the care services market sustainably in collaboration with providers and to retain local oversight of that market. Section 3 of the report describes statutory considerations in more detail.
Consultation	This report has been approved by the Strategic Finance Business Partner for joint commissioning (Becky Paillin), Section 151 Officer (Donna Parham) and Monitoring Officer of the Council (Maria Lucas). Section 6 of the report describes the community and stakeholder consultation undertaken in support of these recommendations.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. Please refer to section 7 of the report for further information
List of attachments	Appendix 1: Agreed Outcomes from Engagement Sessions Appendix 2: Summary of Main Engagement Session Findings Appendix 3: Swindon & Worcester Case Studies Appendix 4: Process for selecting innovation pilot ideas

Recommissioning of Homecare (Independence at Home) services

1. Executive Summary

1.1 Homecare plays a vital role in the local health and care system. Supporting more people outside of acute care is a priority for the Council and is also specifically referenced in the recently published NHS Long Term plan, so it is important to have a sustainable homecare market providing flexible and good quality outcome-focussed care.

1.2 Long term contracts for homecare have expired and the sector is facing significant challenges nationally both financially and in workforce sustainability. The Council has conducted a review of the national & local homecare sector. Officers have engaged with a wide range of stakeholders including providers, carers, and have also undertaken formal public consultation on a framework approach to homecare which this paper outlines. This approach is one of a number of parallel initiatives which act together to transform the care sector in B&NES.

1.3 A growing body of practice-based evidence and research increasingly points towards outcome-based approaches which seek to maximise people's independence as the most effective means of reducing demand, delivering savings and most importantly, improving outcomes and the wellbeing of people living in our communities.

1.4 B&NES Council & CCG have the opportunity to take an integrated approach to homecare that supports people to live independently at home. The Joint Commissioning Committee agreed the recommendations below at its meeting of 25th April 2019, subject to agreement by Health & Care Board before commencing with procurement.

2. Recommendations / Rationale

2.1 The Board is asked to ratify the Joint Commissioning Committee's agreement to:

2.1.1 Endorse the framework approach and support officers to continue with actions identified in the indicative timeline under item 3e.6.
2.1.2 Support continuity of service until the framework's implementation by agreeing to an extension of interim contractual arrangements with contracted homecare providers.
2.1.3 Note the proposals for innovation pilots and contracts under 3f.4

2.2 The Board is also asked to note and endorse Joint Commissioning Committee's agreement to commit funds to:

2.2.1 Purchase specialist support from the Institute of Public Care to support innovation pilot development and related transformation to outcomes based commissioning in homecare (£5k +VAT from the Better Care Fund)
2.2.2 Commit to an independent fair price of care analysis for homecare (Max £30k set aside within Better Care Fund see item 3g.7).

3. Background / Statutory Considerations and Basis for Proposal

3.1 The Council is required to ensure that people requiring financial support to meet their care needs, are able to access good quality services. As the Council does not intend to become a direct provider of these services again, it must source these from the private market. The

Council also has statutory responsibilities under the Care Act to shape the care services market sustainably in collaboration with providers and to retain local oversight of that market.

3.2 Timely access to good quality homecare is important to reducing delayed transfers of care (DTOC) both from acute & community hospitals, but also from reablement into long term care. In B&NES, this lack of timely access is a notable factor in local DTOC statistics.

3.3 Demand for social care nationally and locally is growing, placing continued demographic and financial pressure on Councils. Between 2016 and 2029 the number of people aged 75 and over in the local population is projected to increase by 36% (from 16,600 to 22,600 respectively). The number of 90 years and over in the local population is also projected to increase from 2,000 to 2,500 during the same period. These increases will mean that services for older people are likely to experience further increases in demand.

3.4 The Institute of Public Care (IPC) are system leaders for research and practice into the future of social care. They identify critical areas for managing demand on social care: *managing demand through the Council's front door and from acute hospitals – effective short term community interventions (i.e. reablement) –designing the care system for people with long term needs – developing the workforce – governance and management arrangements.*

3.5 Along with a commitment to outcomes based commissioning, IPC note that areas which are more successful in managing the challenges of today's social care sector also have a clear focus on promoting independence and an asset-based approach to social work practice.

3.6 The Council's Market Position Statement for social care included commissioning intentions to bring a reabling ethos to new homecare pathways and to focus on workforce sustainability, a flexible approach to working with providers and to improve support to rural communities.

3.7 Nationally and locally, the homecare market is fragile, with significant issues in workforce recruitment, retention and training/skills. The Kings Fund (2017) identify that the South West has the highest vacancy rates (10.2%) and staff turnover rates (37%) in England. The Kings Fund and UK Homecare Association (UKHCA) also see a national trend for major private homecare providers handing back contracts and moving away from publically funded care. Reasons for this fragility include contract and employment terms & conditions and poor media profile meaning people often prefer to work in more "desirable" parts of the health & care system such as the NHS or care homes, or indeed leave the care sector altogether.

3.8 In affluent areas, the labour market has greater choice and so retaining them often drives up costs (UKHCA) and this may contribute to the high homecare costs observed in B&NES (see 3g.5-7). With a limited labour market, assumptions that single providers can provide larger volume block contracts supporting CCG & Council require considered research e.g. reflecting the national trend, many of B&NES's current strategic homecare partners are rebalancing their client base away from publically funded care.

3.9 Many Councils have tried to control homecare spend by reducing the hourly rate (Kings Fund, 2017). However IPC (2019) conclude that this is far less successful than creating ways to collaborate with providers to commission and provide services more flexibly on the basis of outcomes, and working with clients and social workers to bring down package sizes. Feedback from providers also suggests this is closer to how they work with private clients.

3.10 Without change to our approach to the wider market and with high demand from private clients and freedom to develop their services to be more attractive for retaining staff, there may be less market capacity made available to the Council and CCG. Additional learning

from previous contracts suggests that large block contracts for traditional 'time & task' homecare are unlikely to meet future demand effectively.

3.11 The framework approach proposed by this paper must be supported by robust and appropriate governance and contractual arrangements to enable the Council and CCG to purchase and contract with providers in a joint-commissioning context in accordance with each other's statutory responsibilities. The project's indicative timeline for procurement relies on resolution of an underlying issue in this area relating to the arrangements currently in place to support local integrated health and social care commissioning. This also affects the care home transformation project timeline. Activity is underway across the Council and CCG to resolve this.

3a Homecare Provision & Purchasing Trends in B&NES

3a.1 Homecare in B&NES is provided by a range of private providers. The majority is provided by a small number of contracted strategic providers (Strategic Partners, or SPs). These providers are Care South, Carewatch Bath, Somerset Care and Way Ahead. Long term contracts for these expired in 2018 with the providers now working under interim agreements. These arrangements also cover additional capacity supporting Virgin Care's integrated reablement service, as these were variations to the 2008 homecare contracts.

3a.2 The Council's Goods & Service Panel in March 2018 agreed that interim arrangements should be in place until 30.09.19 (when the framework was intended to start). The current indicative timeline shows implementation in January 2020 so additional extensions are needed for these arrangements to support continuity of provision as well as refreshed 2019/20 contracts for our spot contracted providers.

3a.3 This project considered 3 years of data from the Council's Client Finance team of homecare purchasing patterns for both the Council and CCG. The majority of homecare is purchased by the Council.

3a.4 Both the CCG and the Council make use of some of the same providers, but there are opportunities to further explore ensuring the two organisations look at their combined use of providers in order to realise benefits of integrated purchasing.

3a.5 The Council currently have a significant number of small homecare packages of less than 5 hours per week, indicating the potential for alternative means of meeting people's eligible care needs and outcomes.

3a.6 Average package sizes are 8hrs pw (Council) and 13.5 hrs pw (CCG), though in both cases a small number of providers tend toward larger sizes (e.g. for the Council up to 14 hrs pw).

3a.7 Though purchasing patterns have changed since long term contracts for the four homecare strategic partners has changed in the last two years; these providers, along with two spot contracted providers still account for approximately 70% of homecare spend purchased by the Council. About 40% of new homecare packages started in 2018/19 were with the strategic partners, which is notably less than in previous years.

3a.8 There are many contributory reasons for changes in market share including - provider's business modelling since the expiry of long term contracts reflecting the national trend, behaviour-driven purchasing, genuine market capacity concerns and flexibility over visit times further constraining that capacity.

3a.9 Evidence shows that purchasing patterns with new providers differs significantly across social work teams. For example in the case of one provider, one social work team purchased 29 new packages of care between April and December 2018, compared to just 3 for the whole of 2017/18. By comparison another team decreased their purchasing with the same provider. However an interim brokerage service provides some mitigation here along with support from commissioners, ahead of recommendations for a longer term brokerage solution expected later in 2019/20.

3a.10 Other Councils have learnt from experience that implementing significant transformation in homecare while moving too far away from known partners increases risk by placing greater reliance on providers that the Council does not have established relationships with, has comparatively little performance and other information about, and where the Council has not previously been able to control cost as effectively. A measured transition is recommended.

3a.11 Data from the Council's finance team suggests that newer providers' increasing market share may also be due to a small number of complex cases with large package sizes and costs. This is understandable as this type of package is the most difficult to source when the existing contracted workforce is at full-stretch and there is not yet sufficient flexibility in times of visits and making best use of available capacity.

3b Stakeholder Engagement: Key findings

3b.1 As identified in section 6, from June 2018 officers undertook comprehensive engagement with a wide range of stakeholders: including carers and providers, as well formal public consultation over winter 2018/19 on the proposed framework model and intended outcomes.

3b.2 A list of outcomes was created from the sessions that shape the project's aims and delivery. These were included in public consultation. Outcomes are identified for the *service user*, the *service* and the *community*. The list of outcomes is available as Appendix 1 while Appendix 2 summarises the main findings of the public consultation.

3c Benchmarking

3c.1 A range of homecare models from around the country were considered and a number of other Councils were directly contacted or visited during the review. This includes recent local experience from Bristol and reflections of the previous outcomes-based approach in Wiltshire. We also looked at international models such as the multidisciplinary Buurtzorg model (supporting 40-60 people at a time with a skill base tailored to the needs of that community, through small self-managing teams of up to 12 people: nurses and other professionals).

3c.2 Significant learning was also taken from national guidance and an IPC-led national conference on managing demand in social care through outcomes based commissioning in October 2018; where the predominant dialogue from commissioners and providers across the country was on pressures and approaches to homecare.

3c.3 Some Councils have been widening their provider base while others have been consolidating to focus on a small number of key relationships. All report significant challenges and underlying rise of cost and sustainability of the workforce and provider organisations. Ideas to support the workforce range from bonus/incentive schemes for workers over times of peak demand, bidding for workforce development funds at sub-regional levels and making better use of the Proud to Care initiative.

3c.4 There is no one 'right' answer and it was found that the particular presenting circumstances vary from area to area, which influence the direction being taken. Many Councils are purchasing from frameworks, but not without issues. The Kings Fund identify that a number of framework approaches have proved inadequate with significant off-framework activity. Similarly, many Councils find it difficult to source enough care regardless of market shape.

3c.5 Two detailed case studies were developed in order to further inform our local engagement. These were based on areas that had progressed similar intentions to those B&NES was itself developing: Worcester, and our STP partners Swindon.

3d Conclusions

3d.1 There is no single 'best' model for delivering homecare as more fundamental issues of sustainability and cost impact on service delivery. Reabling homecare and exploring new ways of supporting people to live independently can deliver better outcomes for people than 'traditional' homecare. 'Time & task' homecare still has a role to play, but emerging practice shows there is potential for this to be provided more flexibly and hence more efficiently. Providers and carers groups in particular supported this approach.

3d.2 The balance of evidence suggests a sustainable homecare sector for B&NES is more likely to be achieved through:

- A flexible approach to the market that values existing relationships
- Paying a fair price for care (with sufficient controls on that spend)
- Making best use of available capacity already in the system through more flexible models of delivery and raising the professional profile of the sector through trust and partnership working with social workers
- Prioritising effective short term interventions such as reablement and strength based social work practices, increasing the focus on maximising independence and reducing demand

3e The Framework Approach

3e.1 The project aims to deliver a flexible framework which makes it easier for B&NES to collaborate with providers in a legally compliant way. It will support homecare commissioning and purchasing for both Council & CCG with regard to individual packages of care, pilots and block / innovation contracts. All CQC regulated homecare providers with a base or in operation within the boundary of B&NES Council and CCG can apply to join the framework. Providers based outside B&NES but who intend to support our communities may also be invited to join the framework. However it is proposed that new entrants to the B&NES market provide a mobilisation plan and recruitment & retention plan as a prerequisite to joining the framework to ensure there is no detrimental impact on the wider care system and workforce. Personal Assistants and unregistered support are not considered for the framework at this stage.

3e.2 Benefits for providers in joining the framework are:

a) *Equality of opportunity, fairness and transparency*
b) *Better access to funding and contract opportunities*
c) *Priority for commissioning support in strategic developments and instances of 'provider failure'.*

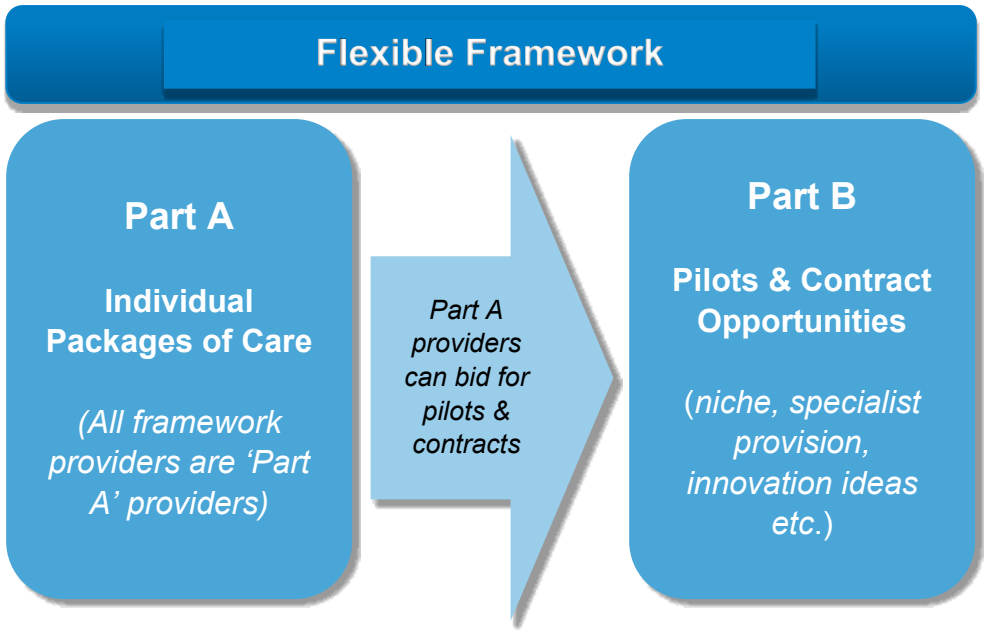
d) Being system influencers and building their organisational capabilities/competitiveness: closer partnership working and collaboration on new models of care
e) Higher priority status with Brokerage

3e.3 Providers will join the framework via an accreditation process. This has been designed to make it as straightforward as possible for providers to join and promote a smooth transition from current arrangements. The accreditation standards themselves are largely based on the Crown Commercial Services standard selection questionnaire along with a small number of local priorities, largely based on transparency and partnership working.

3e.4 Successful accreditation gives a provider 'preferred' status and access to *Part A* of the framework to supply individual packages of care. Only providers who are on *Part A* of the framework can bid for a block contract opportunity under *Part B* of the framework (and the highest priority status for Brokerage). If a provider is not on the framework, they will be lowest priority for brokerage and crucially, not able to bid for contracts on *Part B*.

3e.5 Essentially the framework looks like this –

Figure a – **The Framework**



3e.6 The project stages and indicative timelines are shown in Figure b, below:

Figure b – **Indicative Timeline**

1	Finalise procurement strategy, documentation & contract ○ *Framework* ○ *Initial innovation pilots* ○ *Fair Price of Care approach*	August 2019
2	Pre-procurement engagement & technical advice session	August 2019
3	Application window opens	September 2019
4	Providers submit applications	September to October 2019

5	Evaluation	October 2019
6	Confirm successful providers Issue contracts (*included transition of any legacy contractual arrangements*) Framework is 'live' *Placements 'called-off' via brokerage.*	November 2019
7	Future innovation pilot / contract opportunities (*including re-procurement of legacy pilots / arrangements*)	January 2020

3e.7 The framework is expected to have a lifespan of 5 years with provision to extend for a further 2 years. A review of the framework as a whole would take place in year 4 of the initial term to give sufficient time to plan and deliver alternative arrangements if required. It is expected that providers will have the opportunity to register to join the framework every 6 months, though commissioners would have discretion to agree exceptions to support particular projects or new entrants to the market.

3f Using the framework to innovate and develop services

3f.1 A key benefit of the framework approach is enabling the Council and CCG to take advantage of a more streamlined yet compliant procurement methodology allowing for more meaningful co-production to support future commissioning and service development.

3f.2 The framework is also intended to improve market competition and create a 'test & learn' environment in which to pilot and nurture innovative ways to support independence at home. We use the term 'innovation contract' as an umbrella term to support new thinking on potential pilots and block contracts for specialist services.

3f.3 Central to the innovation contract idea is relationship building between, notably, social workers and homecare workers: raising the professional profile and attractiveness of the social care sector. Consistent with IPC's advice, we advocate that a culture of positive risk is matched by a general approach to pilots which:

- *Starts with small cohorts of clients*
- *Keeps things simple & does not over-specify or over-complicate too soon*
- *Progress together at an agreed pace with key stakeholders*
- *Makes sure service users understand and agree the approach and are kept closely involved*
- *Accepts to test ideas and for them not to work: while we learn and seek to mainstream successful pilots we also learn much from where initial assumptions are not realised (as long as the risks are well understood and managed)*

3f.4 During engagement and consultation, people contributed ideas for innovation contracts and pilots. It is recommended that these inform the first round of idea-generation for consideration as future pilots and innovation contracts on the framework. e.g.-

Figure c – **Initial longlist of innovation pilot Ideas**	
1	*Reabling Homecare* *Increasing independence by optimising formal care needs.*
2	*Supporting People with complex needs or who may be eligible for NHS-funded*

	continuing healthcare (CHC)
3	*Dedicated capacity for urgent care / avoiding hospital admission*
4	*End of Life / Palliative care support*
5	*Flexible Homecare* *i.e. as regular homecare, but provided more flexibly in terms of visit times, approach to variations and payments. Intended to free-up existing capacity.*
6	*Trusted Reviewer/Assessor* *Care provider uses their knowledge of the service user to identify those whose needs may have changed and conduct annual social work reviews and potentially, assessments*
7	*Rural Based Support* *Improving the support in areas where it's hard to source care*
8	*Workforce Development* *A range of broader initiatives to support the sector*
9	*Assistive Technology* *Potentially as part of a reabling homecare ethos, tailored to the individual*
10	*The Buurtzorg Model* *Place-based multidisciplinary teams including nursing and care workers. Skills tailored to a defined community cohort*

3f.5 Some of these such as Trusted assessor arrangements and 'Rural Homecare Support' are early forerunners of this approach and were approved by Joint Commissioning Committee in January 2019. These will be developed during 2019/20. It is anticipated that any active pilots at the framework commencement date would transfer to *Part B* of the framework.

3f.6 We have identified the flexible homecare concept as a priority to develop at the earliest opportunity alongside the initial framework procurement. This supports continuity of care, embeds the concept of 'change' early-on. It also supports the move towards reabling homecare in a measured way and establishes initial 'first choice' provision on the framework.

3f.7 Successfully delivering these new ways of working requires a creative mind-set, collective identity and common-purpose across a wide range of Council and CCG functions as well the provider market and acute care partners.

3f.8 For this reason, this project consciously adopts 'Independence at Home' as an umbrella term for future services. When people use the more traditional terms of 'homecare' or 'domiciliary care' their thinking can be rooted in the traditional 'time & task' way of delivering and paying for services. By comparison, other care services such as residential care are paid on a weekly basis and providers are acknowledged and trusted to have more flexibility for managing the fluctuating care needs of the people in their care on a day to day basis. The homecare sector can benefit from exploring this flexibility.

3f.9 A process will be in place to support the development of innovation opportunities which are aligned to B&NES's local priorities and strategic direction. A *draft process is included as Appendix 4.*

3g Related Projects & Initiatives

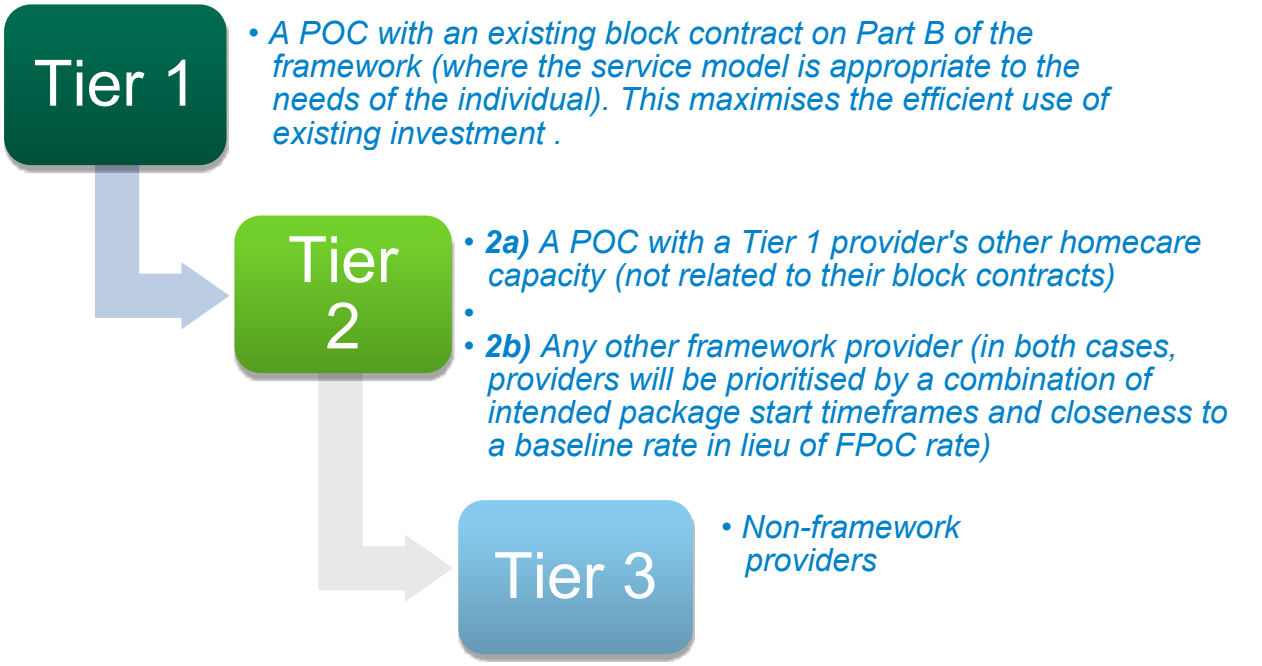
3g.1 These recommendations mark the starting point for a new approach to managing demand and progressing outcomes based commissioning in social care. This project exists as part of a wider programme of transformation. Some of these are identified here:

3g2 Brokerage: The Council's existing brokerage service has a role in homecare package allocations, though social work teams are influential in provider selection. Packages of continuing healthcare (CHC) are typically sourced by the CCG directly.

3g.3 A related project making longer term recommendations for brokerage presents an opportunity to improve these arrangements, and potentially coordinate brokerage for the Council and CCG. This has been successful in Swindon and Bristol's models, and was raised during the engagement process for these recommendations.

3g.4 The framework terms & conditions will set out that the order of priority for calling off publically-funded care packages will be delivered via B&NES's brokerage policy as published, and that may be amended from time to time. It is anticipated that the brokerage service would also supports self-funders. Priority status for purchase by B&NES will be set according to the order below:

Figure h **– Brokerage priorities for package allocations**



NB: When the Council has established a local Fair Price of Care for homecare, it will prioritise referrals within Tier 2 and 3 at the FPoC rate.

POC = Package of Care

3g.5 Fair Price of Care (FPoC): B&NES has one of the highest contracted homecare rates in the country, higher than many other Councils in the South West and comparable with the UKHCA recommended cost of providing homecare in London while meeting minimum and living wage requirements. Increasingly, market forces & perceived demand/urgency enable providers to seek higher fees. Evidence from the UKHCA suggests that the UK national recommended minimum rate should be £18.93.

3g.6 The UKHCA minimum rate should not be confused with a 'fair' price. The £18.93 rate '*does not include incentivising care workers to undertake unsocial hours working, nor the need to pay workers above the statutory minimum wage in order to remain competitive in the local labour market'* (UKHCA).

3g.7 Established case law requires Councils to make sure they pay for care fairly and consider local factors (e.g. higher fuel costs for services in rural areas, expectations on pay). Through independent analysts, B&NES established the FPoC for care home beds which was successful in establishing an evidence base on the local costs and supported a stronger negotiating position with providers for brokerage. Joint Commissioning Committee agreed the recommendation that B&NES undertake a similar exercise in homecare to ensure that the charges in this sector are sustainable but which allows B&NES to know what a reasonable local rate for the area should be. This will support the Council and CCG to deliver future efficiencies in care prices.

3g.8 Quality Assurance: Ongoing management of the framework will be supported by a robust quality assurance (QA) procedure. Framework terms & conditions will identify circumstances under which a provider or a registered premises can be removed or suspended from the framework should they not uphold the required standard, and the QA process for homecare will also support this. Alongside quality assurance commissioners' retain their market shaping and oversight role.

3g.9 Improved information & advice is a priority in B&NES's commissioning intentions. The status of providers and registered locations on the framework (including suspensions and removals) will be published on the Council's website to help people make more informed judgements on their care arrangements. This is intended to ensure that all citizens benefit from our approach, whether self-funded or publically funded.

3g.10 Reablement & Strength Based Social Work: As IPC identify, outcomes based commissioning in homecare needs to be supported by an effective short term service offer and a social work approach that focusses on what people can do for themselves and what assets are in their social networks to support them.

3g.11 Care Coordination & Community Navigation: These initiatives are part of Virgin Care's Prime Provider transformation programme and support a wider range of options for supporting people to meet their needs effectively in more personalised ways and take advantage of a wide range of community assets. They will provide a vital link for care workers providing reabling homecare in particular.

3g.12 Workforce Development: Workforce development is a high priority going forward given the underlying importance of community care to the NHS long term plan. Commissioners are involved in a number of regional and sub-regional initiatives aimed at supporting the health and care workforce, including; through the Association of Directors of Social Services (ADASS), formal Sustainability & Transformation Partnership (STP) structures and most recently, B&NES support for an STP-wide training development fund along with Swindon and Wiltshire Councils. There is further potential to develop ideas with the education and business sectors and promote the 'Proud to Care' branding to boost the profile of the sector.

3g.13 Community Development: Along with strength-based social care, the IPC identify this as essential to develop alongside outcomes based commissioning to most effectively manage demand and deliver sustainable social care.

4. Other Options Considered

4.1 Continuing with existing arrangements would not be considered viable due to the interim nature of contractual arrangements and trading conditions in the private homecare sector.

4.2 Commissioners have researched a range of commissioning approaches in operation around the Country for homecare and services aimed at increasing people's independence at home. Research included a range of national best practice guidance and learning events specialising in outcomes based commissioning and managing demand. Meetings were held with commissioners in other areas who are operating successful outcome-based models to assess the potential for applying those models to B&NES's local circumstances.

5. Resource Implications

5.1 The Council and CCG spend over £10.06m on homecare in 2018/19: 2% lower than 2017/18. Within this, Council spend dropped by 5.7% but the CCG saw homecare spend increase by 9.5%. One factor in this difference is that the CCG tend to purchase packages of 'live in care', a type of intensive care and support delivered in the home that is not significantly purchased by the Council. These figures do not include the amount of similar care and support purchased under direct payments and other arrangements.

	Council	CCG	Total
18/19	£7.51m	£ 2.54m	£10.06m
17/18	£7.95m	£2.30m	£10.25m
% change from 17/18 to 18/19	-5.7%	9.5%	-1.9%

5.2 The adult social care budget has a savings target in 2019/20 of £2.3 million which will place additional pressure on homecare services at a time where, as this report shows, they are experiencing a continued increase in demand.

5.3 Over time it is hoped that the services purchased under this framework will contribute to reduced package costs as the range of support and care options increase and demand pressure on formal care reduces. 'Service Change' also allows for more efficient and effective use of funds. Long term savings are also supported by improving cost efficiency through a Fair Price of Care exercise for homecare.

5.4 As highlighted in section 3f, the Joint Commissioning Committee (JCC) has previously approved Better Care Fund funding for interim pilots for a Trusted Reviewer, Rural Support, and Workforce incentives. Innovation pilots under the framework will continue to be brought as business cases for comment and approval by the Committee.

5.5 This paper also notes that JCC have approved £5K (+VAT) from the improved Better Care Fund (iBCF) to purchase system transformation support from the Institute of Public Care.

6 Consultation

6.1 Between June 2018 and January 2019, the project team has consulted comprehensively with a wide range of stakeholders:

- *Homecare Providers*
- *Council & CCG Commissioners. CHC, Nursing and Community Nursing leads.*
- *Service Users, Carers & Carers Centre*
- *Virgin Care social work managers, social workers, and commissioners*
- *Wider Council functions: Procurement, Client Finance & Management Accounts, Safeguarding and Principal Social Work leads.*

Their views and preferences have been included in this paper, and specifically the rationale for recommendations in section 3.

6.2 The preferred model on which these recommendations are based was also published for public consultation over December 2018 - January 2019.

6.3 BaNES CCG has actively participated in the development of the project, with representation on the project group and at provider engagement sessions.

6.4 This project was identified in the Council's Market Position Statement for Social Care. Homecare providers were engaged and offered feedback on the original commissioning intentions for these recommendations.

6.5 Prior to this paper, this project's development was noted by the Council's Goods & Services Panel on 09.03.18. The project's aims and scope have also been considered by the Care & Health Programme Board as well as with Health & Wellbeing Select Committee on a number of occasions, most recently on 20.03.19.

6.5 B&NES commissioners agreed with our prime provider Virgin Care that the Council would directly lead on homecare transformation and directly commission and manage services in the interim. B&NES and Virgin Care are in discussion on future commissioning arrangements under the framework and those arrangements will be confirmed prior to the framework procurement.

7. Risk Management

7.1 Successfully piloting and embedding new models of homecare involves a complex step-change across a wide range of stakeholders, including across the Council, CCG, operational teams within Virgin Care, private providers, service users, and carers groups. A key challenge will be in aligning priorities across organisations and functions. Specifically, successfully capitalising on the possibilities offered by the framework involves significant challenges in:

- Relationship development, both between and within organisations
- Culture change
- Collaborating with private providers to shape the market
- Skills and capabilities development
- Perceptions of value for money and accountability
- Specifications, payment mechanisms

7.2 A challenge of this size and complexity must be done through collaboration and not viewed as a 'top-down' enforced change. *System Facilitation* can have a positive impact on the nature of debate and can unlock the creativity essential for success. The IPC have significant experience in this regard – with direct knowledge and experience of national efforts to implement outcomes based commissioning and managing demand in social care, as well as the skills developments and enhanced informatics needed to support this. B&NES can draw on this expertise to develop the collective skills, capabilities and relationships necessary. Recently, IPC has supported successful system transformations within our STP footprint with Swindon Council (see Appendix 3), and similarly with Isle of Wight's challenges in market shaping and securing sufficient capacity locally. Investment in support from IPC is nominal at approx. £5k + VAT.

7.3 *Expectations*: Learning from other Local Authorities identified by the IPC suggests that this journey is one of transformational change for local care systems which requires clear, shared vision and long term commitment over a number of years. Research findings also advise caution in the pace of change with external providers and reducing risk by taking the biggest transformational steps with known and trusted partners.

7.4 It is important that B&NES manages the transition from existing arrangements to the new framework effectively. As well as maintaining existing relationships, the information gathered through the framework accreditation and quality assurance processes will support B&NES's market oversight role and knowledge base of the wider homecare market.

7.5 Controls over purchasing patterns will be improved through further development of recommendations for a brokerage service as well as this paper's recommendations to undertake an independent Fair Price of Care exercise in homecare. The successful adoption of a strength-based approach in social work is paramount, as this fundamentally influences the overall volumes of formal care needing to be purchased.

7.6 *Provider cooperation*: In developing these recommendations, B&NES has been conscious to make sure providers are positively incentivised to join the framework. This is important to support efforts to pay a fair price for care, uphold the Council's position on brokerage priorities (see 3g.4) and, learning from other Councils' experiences, reduce the risk of providers staying outside the framework in the hope of higher non-framework rates as demand in the system builds up.

7.7 *No change*: Potentially the biggest risk of all. Current trends and market conditions increase the likelihood of: reductions in capacity, less sustainable homecare companies, inefficient use of services, high costs with no evidence base in support of this, and less influence with the private provider market. This is especially notable with regard to new entrants to our local market which can potentially threaten the stability of existing providers, workforce and by extension, existing packages of care.

7.8 These recommendations support efforts to secure sufficient capacity in the local care system by helping create market conditions which:

- *Free-up existing capacity in the system through flexible models of care*
- *Driving the culture change and innovation of the type identified in 7.1 above*
- *Making B&NES more attractive to private providers: increased competition and %age of provider capacity allocated to publically-funded clients*

It is how successfully B&NES makes use of this new commissioning environment, and tackling the broader issues around supporting the social care workforce, that will determine the future relationship between capacity and demand alongside the other critical factors identified in 3.5 above.

8. Next Steps

8.1 Proceed with actions in accordance with the indicative timeline under item 3e.6.

Equality & Diversity	Applicable		Not Applicable	
	The need for an Equality Impact Assessment will be reviewed within the pre-procurement stage. If such assessment is required, its findings will be discussed and agreed with the Director, Integrated Health & Care Commissioning and any implications incorporated into the procurement as appropriate.			

Health Inequalities Assessment	Applicable		Not Applicable	
	The need for an Equality Impact Assessment will be reviewed within the pre-procurement stage. If such assessment is required, its findings will be discussed and agreed with the Director, Integrated Health & Care Commissioning and any implications incorporated into the procurement as appropriate.			

Public & Patient Engagement	Applicable	X	Not Applicable	
	These final framework model presented in these recommendations has been subject for public consultation over December 2018 and January 2019, as well as direct engagement with Carers Groups at the Carers Centre and via the Council, CCG and Virgin Care engagement group. Further details are available in the findings report and public consultation documents supporting this paper.			

Appendix 1 - Agreed Outcomes from Engagement Sessions

Outcomes for the Person	• People stay living in their own homes for longer • People set their own care plan and goals along with their provider • Family, carers and friends can stay involved in a person's care (if the person agrees) • Improved independence and ability to complete daily tasks • *More flexibility*: people can have more or less care when they need it. • People are supported to achieve their goals • People have a range of options in the community that can support them to meet their needs; these include voluntary services, mainstream social or leisure services, friends & family as well as social care.
Outcomes for Services	• Care workers are well-trained and supported • More people want to work in care and find it a fulfilling career • A more consistent homecare workforce • Care workers get to know their clients better • Commissioners and providers working better together • Better partnership working between care workers, social workers and health staff
Outcomes for the Community	• Bigger role for voluntary and mainstream services supports better community cohesion • People being more independent reduces pressure on acute NHS services • 'Paid for' care is more likely to be available for those with the greatest need • A more sustainable care market • Better information available to help people choose their care service

Appendix 2 – Summary of Main Engagement Session Findings

Broad support for -

- Flexible contracting options and service delivery: including being able to respond to short-term fluctuations in presenting need
- An emphasis on helping people to live independently at home rather than 'homecare'
- Developing a local homecare 'Charter' to clarify expectations for all parties about homecare and how it can support people to meet their needs.
- Making sure other developments work together with homecare including any future development of a brokerage function.
- Working collaboratively to continue to develop good relationships with providers
- The use of assistive technology alongside traditional homecare approaches, although people are keen that this does not replace the human side of care. People want care delivered flexibly in a way that doesn't disrupt their existing quality of life, and which is personalised to their needs.
- Providing opportunities to develop the workforce and promote the value of care, and care as an attractive career

Carers & Service Users preferences -

- People value consistency and familiarity of care workers, and dislike having too many different people in the house (but people understood the challenges on the workforce and why people moved around)
- Reliable timings
- A care worker who engages with the person using the service and any family or carers.
- People want to be more involved in planning care than they feel they currently are.
- People need to know who they should speak to when things aren't going well or if they have comments or questions.

Appendix 3 – Swindon & Worcester Case Studies

Case Study 1: Swindon

Swindon has a prime provider specifically for homecare which holds a master vendor contract. Their prime provider works closely with reablement to get to know people and minimise needs quickly prior to a Care Act assessment.

They also undertook an interesting pilot where social workers were allocated to work with the provider's homecare teams. Despite initial reluctance from parts of the social work profession and some additional challenges, the pilot's outcomes of improving relationships, trust and understanding between the professions was deemed a success. There is appetite to continue in this direction.

The prime provider is also now involved in case reviews and MDTs. In partnership with the Council's finance team and budget holders, they are working to develop new models of paying for 'units of care' rather than 'units of time' as part of the journey towards capitated budgets and more flexible working.

Case Study 2: Worcester

Worcester developed outcomes based commissioning alongside the '3 Conversations' strength-based social work model as well as Assistive Technology (AT) initiatives and a Dynamic Purchasing System for purchasing care. Under '3 Conversations' providers were attending social work team meetings and were part of the planning process as early as 'Conversation 1'. At this stage, potential solutions for tailored AT solutions were considered for their beneficial impact on client outcomes and ability to bring down the amount of care required.

Whilst introducing a DPS can in the first instance increase the number of providers and may help to manage costs, longer-term there can be issues of quality and sustainability. Whilst providers may move in to work in an area from outside its boundaries, ultimately there are perceived benefits of working towards a smaller number of key strategic relationships in the sector.

Key findings in outcomes based commissioning:

- *Contracts needed to evolve to suit these new relationships and delivery models*
- *Providers need to be given time to adapt and grow their strategic capabilities – and Councils have a role in supporting this.*

Appendix 4 – Process for selecting innovation pilot ideas

1	Longlist of ideas that meet basic criteria (*ideas generated across stakeholders, carers groups, provider forums*)
2	Review examples of similar work elsewhere and lessons learnt
3	Develop outline proposal
4	Shortlist ideas against identified system & strategic priorities
5	Outline proposal and funding source
6	Initial scoping with potential providers
7	Engagement with specialists as appropriate (*procurement, finance social work, applications*)
8	Final proposal prepared for procurement via framework (*evaluation, benefits and success criteria*)

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Bath & North East Somerset Council

NHS Bath and North East Somerset Clinical Commissioning Group

MEETING	**HEALTH AND CARE BOARD**
DATE	**04/06/2019**
TYPE	**An open public item**

Report summary table	
Report title	Overview of Pooled Budget Arrangements and 2019/20 Better Care Fund Financial plan
Report author	Becky Paillin Strategic Finance Business Partner, Joint Commissioning (01225 838582)
Summary	This report is to provide Health and Care Board with an overview of pooled budget arrangements between the council and CCG, the associated reporting and governance arrangements. It includes the Better Care Fund (BCF) financial plan for 2019/20 at appendix 1.
Recommendations	The Board is asked to: • Note the contents of the report in particular the funding contributions, management and monitoring arrangements.
Rationale for recommendations	A new BCF plan must be submitted to NHS England during 2019/20 for sign off. The financial plan and the proposed schemes under the pooled budget were put forward in February 2019 and approved by the Joint Commissioning Committee with the agreement of the Finance and Performance Committee and S151 Officer of the council.
Resource implications	Resource implications are included in the report with pooled budget funding approved through Council and CCG 2019/20 budget setting process
Statutory considerations	All pooled budgets are operated under the statutory provisions set out in s75 of the NHS Act 2006 or s10 of the Children Act 2004. Joint management responsibilities are operated under s113 of the Local Government Act 1972. Additionally, this report responds to the technical and planning guidance published on 18th July 2018. In order to draw down the maximum B&NES' BCF allocation, it is necessary for BCF plans and proposals to comply with this and any subsequent guidance.
Consultation	Mike Bowden – Corporate Director, B&NES Council Sarah James – Chief Financial Officer, BaNES CCG Lesley Hutchinson – Director of Safeguarding and Quality Assurance Andy Rothery – Head of Management Accounts; and Council Section 151 Officer and Monitoring Officer as required.
Risk management	A risk assessment related to the issue and recommendations has

	been undertaken, in compliance with the Council's decision making risk management guidance. The financial risk within the BCF plan relates to scheme over/underspends or non-delivery, the approach to manage over and underspends is included within the Section 75 arrangement. Risks identified are included on the Partnership Risk Register.
List of attachments	Appendix 1 – Better Care Fund Plan 2019/20 by scheme
Background papers	Report to the Health and Wellbeing Board and BCF Submission 2017-19 http://www.bathandnortheastsomersetccg.nhs.uk/documents/strategies/better-care-fund-201719 Council Budget 2019/20 https://democracy.bathnes.gov.uk/documents/b14224/Budget%20Council%20Tax%20201920%20Annex%2012%20-%20Council%20Tax%20Setting%2019th-Feb-2019%2018.30%20Council.pdf?T=9 CCG Operational Plan 2019/20 https://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2018/11/Public-Board-28-March-2019_combined-papers.pdf

THE REPORT

1. Background

1.1. The main pooled budget, the Better Care Fund (BCF) has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the CCG and the Council establish a pooled fund for this purpose.

1.2. The B&NES Better Care Plan describes how the BCF is being used as an enabler for the integration of services and also the journey towards further integration with a focus on prevention.

1.3. The first plan was published in 2014, followed by a revised plan in 2016/17. The later plan specifically referenced the *your care your way* community services review and the vision and priorities for our people and communities. The 2017/18 -2018/19 BCF Plan built on this whilst also setting out how new conditions would be met, including those for the Improved Better Care Fund (iBCF) adult social care grant funding.

1.4. The revised plan was submitted to NHS England on 11th September 2017 as part of the assurance process for 2017-2019. Formal written confirmation that the plan had been signed off was received on 20th December 2017. A link to the plan is included above.

1.5. 2019-20 will require a further narrative plan to be submitted however full guidance is not expected until June 2019. In advance of that the schemes and budgets for the year have been approved through the Joint Commissioning Committee (JCC) at their February meeting following scrutiny and agreement of the CCG's Finance and Performance Committee and the Councils S151 Officer. As part of the assurance process the plan will require the plan to be jointly agreement between the Council and CCG and signed off through the Health and Wellbeing Board who have strategic oversight of the delivery of those schemes.

1.6. The focus on schemes in the new plan is shifting from the "back door" (reablement initiatives) to "front door" services (preventing admissions) in line with the policy framework issues by the Department of Health and Social Care (DH) and the Ministry of Housing, Communities and Local Government (MHCLG), but locally remains focused on investment to bring about system wide benefits in both quality, finance and the output for the people of B&NES.

2. The legal framework

2.1. The legal framework for the BCF derives from the amended NHS Act 2006, which requires that the CCG transfer minimum allocations into one or more pooled budgets, established under Section 75 (s75) of that Act, and that approval of plans for the use of that funding may be subject to conditions set by NHS England. NHS England will approve plans for spend from the CCG minimum in consultation with DH and MHCLG as part of overall plan approval.

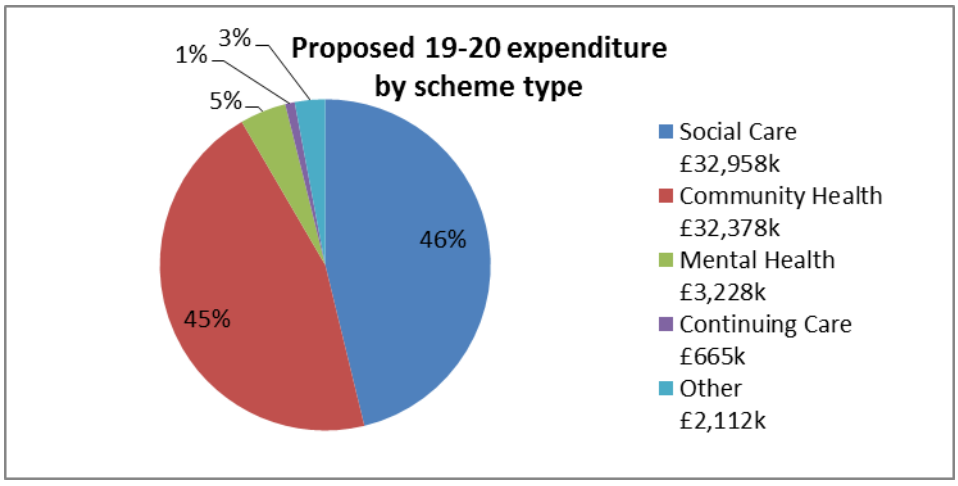
2.2. The Disabled Facilities Grant (DFG) and improved BCF (iBCF) Grants are subject to grant conditions set out in grant determinations made under Section 31 of the Local Government Act 2003.

2.3. The NHS Act 2006 also gives NHS England powers to attach additional conditions to the payment of the CCG minimum contribution to the Better Care Fund (£11.622m) to ensure that the policy framework is delivered through local plans. These powers do not apply to the DFG and iBCF.

2.4. The current s75 agreement will be signed once the financial plan is agreed. It contains the governance arrangements and monitoring requirements for both finance and performance (see section 6).

3. BCF Scheme Overview

3.1. The 2019/20 BCF totals £70.1m and the plan represents the intention to continue funding for existing schemes and to introduce new schemes to support the strategic aims of both the Council and CCG. The expenditure which since 2017 has included the community services contract with Virgin Care is broadly split between Community Healthcare and Social care and the chart below shows the budget by scheme type, categories which are as set by NHS England.



3.2 Social Care covers schemes such as the protection of social care which helps fund service user packages of care and adds financial stability in a challenging provider market. It also includes reablement services, development of a brokerage service and more innovative schemes around assistive technology and the provision of disabled facilities to enable people to remain at home.

3.3 Community Health in the main covers the community services supplied under the Virgin Care contract paid by the CCG but the fund specifically supports the Home First schemes which are designed to ensure where possible patients are discharged with appropriate support back to their homes which evidence shows reduces readmissions and speeds recovery.

3.4 Other includes strategic support such as the BCF budget manager and support to the integration programme such as IT changes like a shared calendar platform due to start early in the year.

3.5 The Community Services contract (£57m) was formed from the integration of just under 60 individual services commissioned by the CCG, Council and Public Health in April 2017. It is monitored separately to the pooled budgets under joint arrangements.

3.6 The full detailed plan and individual schemes with brief descriptions are shown at appendix 1.

4 BCF Council and CCG Financial contributions

4.1 The table below demonstrates the funding source and nature of the contributions to the pool.

Funding Source	19/20 £
CCG Minimum Contribution transferred under Section 75 to Council	£8,932,125
CCG Direct Commissioned l Services	£2,120,060
CCG Risk Share Contingency	£570,129
CCG Commissioned Community Services transferred under Section 75 to Council	£26,477,822
Disabilities Facilities Capital Grant	£1,270,789
Other Local Authority Revenue Grants	£3,001,000
Council Revenue for Care Act	£1,393,624
Improved Better Care Fund Grant	£1,028,000
Council and Public Health Commissioned Community Services	£26,548,612
Total	**£71,342,161**

4.2 The original funding which came via the CCG was for a total of £12.049m and is fully committed on mature recurrent schemes. This has been inflated annually by a rate given by NHS England and reflected in the CCG's baseline funding.

4.3 Additional funding for adult social care was announced in the 2017 national budget with local allocations of one-off funding of £2.063m in 2018/19 reducing to £1.028m in 2019/20. This funding is helping to meet the national conditions for the BCF plan including improving delayed transfers of care (DTOC) performance and is supporting invest to save pilot schemes which require short term funding.

4.4 For 2018/19 & 2019/20 the government through the improved BCF has made funding available incrementally to Local Authorities, the grant funding was £1.394m in 2018/19 increasing to £3.001m in 2019/20. This funding has allowed the fund to continue in meeting Adult Social Care needs and supporting the local Social Care provider market. It is being used to support longer term schemes which require recurrent funding.

5 Other Council and CCG Pooled Budgets

5.1 There are four other pooled budgets under s75 arrangements, Learning Disabilities and Autism, Community Equipment, Children's Services (Joint Assessment Panel) and Mental Health. The Contributions and risk share connected with any overspend are shown in the table below

Pooled Budget	CCG Contribution	Council SC Contribution	Contributions and other grant funding	Total Value	Risk Share CCG:LA: Education
Learning Disabilities and Autism	£6,826,950	£22,348,048	£2,467,606	£31,642,604	23:77
Children's Services	£392,196	£1,185,912	£1,298,000	£2,876,108	14:41:45
Community Equipment	£473,011	£202,719	£135,000	£810,730	70:30
Mental Health	£2,982,556	£3,078,442	£0	£6,060,998	50:50

These are set as part of the budget setting process of both organisations with the contribution and risk share ratio reviewed periodically or if there is a material change to underlying services

5.2 Learning Disabilities and Autism

The purpose of the Learning Disabilities pooled fund is to promote joint commissioning approaches ensuring needs are met wherever possible within the family, home and the local community. It is further to ensure a joint approach in monitoring the ability of services to meet complex needs and to develop local provision to meet the needs of people with Learning Disabilities and multiple and high level needs in Bath & North East Somerset.

5.3 Children's Services (Joint Assessment Panel)

The purpose behind JAP is to improve the well-being of Children and young people with multiple and complex needs and to better deliver the Every Child Matters Agenda. The annual review for this service has highlighted the growth in both complexity and volume of packages over the last few years and a review of both the forecast and contributions is planned in year to inform 2020/21 budgets.

5.4 Community Equipment

The purpose of the Community Equipment pool is to provide equipment such as rails to support individuals to remain independent in their own homes. The service is currently undergoing a re-procurement exercise which will include a review of the current contribution structure and the recurrent use of DFG Capital Grant agreed for 2019/20 which will reduce the running costs of the pool allowing increased spend on equipment.

5.4 Mental Health

The Mental Health s75 was set up as a trial agreement and contains a risk share arrangement which limits the liability of both parties where any overspend is in excess of 10% of budget. Due to the volatility of the underlying activity this risk share arrangement has been activated in all years of the trial meaning that in practice the budget becomes aligned with both organisations funding 100% of those costs identified as specifically health or social care. The Mental Health pooled budget will be reviewed in 2019/20 with any proposed revisions being presented to the Council and CCG for consideration and approval.

6 Reporting and Governance

6.5 The Health and Care Board have overall oversight and responsibility for pooled budgets with overall responsibility for the BCF expected to remain per the current NHS England guidance with the Health and Wellbeing Board (HWB).

6.6 The governance and operational structures of the pooled funds are underpinned by a Joint Working Framework, adopted by both the CCG and the Council, which sets out the commitment, aims and practical supporting arrangements for joint working. This framework is underpinned by the following legal agreements:

- S113 agreements allowing managers with joint responsibility employed by either body to perform functions for and be accountable to the other body within an agreed HR framework and within the Schemes of Delegation of each organisation; and.

- S75 and s10 (children's) pooled budget agreements which allow the pooling of resources and delegation of functions and supports integrated commissioning and provision.

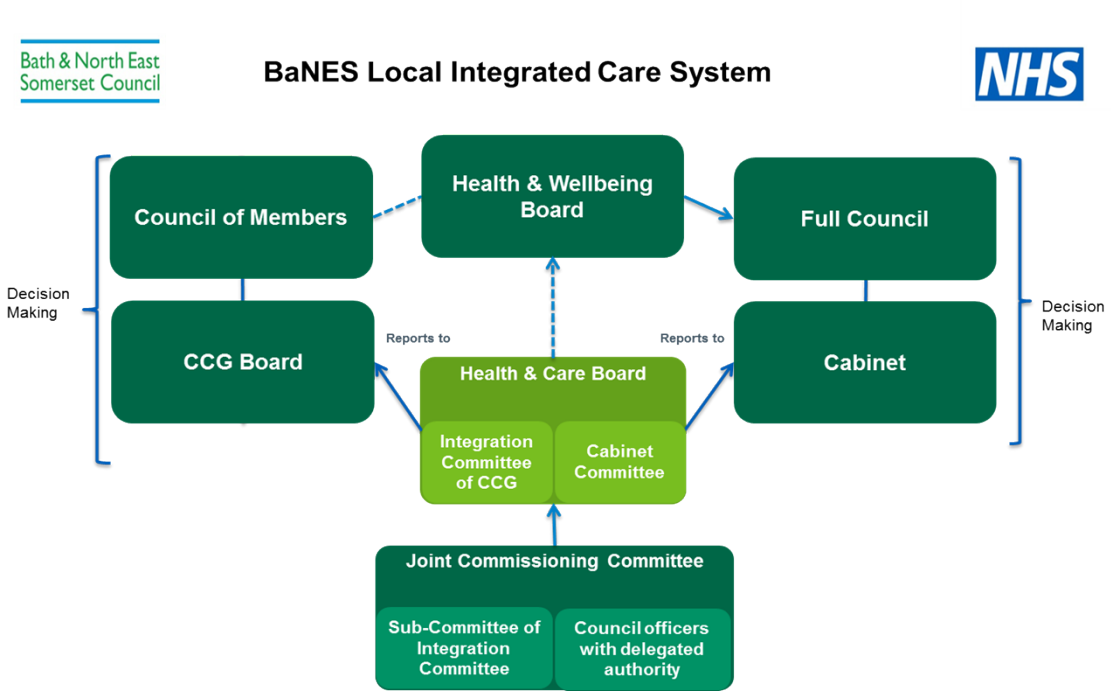
6.7 The BCF is a standing agenda item to allow the Joint Commissioning Committee (JCC) to monitor both the finances and performance of the pooled arrangements using dashboards. The other pools financial arrangements have been brought into line with the BCF and will also be presented regularly to ensure oversight in year.

6.8 Monitoring of the financial implications is undertaken for the CCG by the Finance and Performance Committee (F&P) and for the Council undertaken by the Adult Social Care finance meeting and reported through the Councils quarterly budget monitoring to Cabinet.

6.9 NHS England require quarterly reports which focus on the performance of the BCF in particular the trajectory of the "Delayed Transfers of Care" (DTOC).

6.10 The HWB receives and signs off the plan for each year and an annual update on the delivery and performance of the underlying schemes.

6.11 The full governance and reporting is outlined below:



7 Summary and Next Steps

7.1 If HCB agree with the proposed BCF financial plan attached at appendix 1 this will be incorporated as a component of the 2019/20 narrative plan which will be completed once the full NHSE BCF guidance has been issued.

7.2 The plan will be submitted to HWB for final sign off and then submitted to NHSE. This will go through their assurance process and a final decision will be made to accept the plan.

7.3 The financial performance and the performance of the underlying schemes will be monitored throughout the year by the JCC. Equivalent reporting for the other pooled budgets will also be presented.

7.4 The Mental Health pooled budget will be reviewed in 2019/20 with any proposed revisions being presented to the Council and CCG for consideration and approval

7.5 The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government with NHS England are reviewing the BCF to ensure it meets its goals. Arrangements for the future funding of BCF are currently uncertain and we await both the guidance for this year and future budget settlements due early in 2019/20.

APPENDIX 1 – BCF Plan 2019/20

Please contact the report author if you need to access this report in an alternative format

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Bath & North East Somerset Council

NHS Bath and North East Somerset Clinical Commissioning Group

Appendix 1 - Better Care Fund 2017/20 Schemes

Scheme ID	Scheme Name	Scheme Type	Area of Spend	Source of Funding	2018/19 Expenditure £	Virement	2019/20 Expenditure £	New/ Existing Scheme	Scheme update
1	Community Services Contract Integrated Delivery Infrastructure	7. Enablers for integration	Community Health	CCG Minimum Contribution	£850,000	£0	£850,000	Existing	Part of Virgin Contract and monitored under contract management arrangements. Part of the original BCF but will only vary following a contract variation.
2	Community Services Contract 7 Day Working	9. High Impact Change Model for Managing Transfer of Care	Community Health	CCG Minimum Contribution	£278,000	£0	£278,000	Existing	Part of Virgin Contract and monitored under contract management arrangements. Part of the original BCF but will only vary following a contract variation.
2	Community Services Contract Discharge Liasion Nurse	9. High Impact Change Model for Managing Transfer of Care	Community Health	Additional CCG Contribution	£57,000	£1,511	£58,511	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation
3	Community Services Contract Integrated Reablement	11. Intermediate care services	Community Health	CCG Minimum Contribution	£576,203	£0	£576,203	Existing	Part of Virgin Contract and monitored under contract management arrangements. Part of the original BCF but will only vary following a contract variation.
3	Community Services Contract Integrated Reablement	11. Intermediate care services	Community Health	Additional CCG Contribution	£87,327	£263,972	£351,299	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation
3	Community Services Contract Integrated Reablement	11. Intermediate care services	Social Care	CCG Minimum Contribution	£581,733	£0	£581,733	Existing	Part of Virgin Contract and monitored under contract management arrangements. Part of the original BCF but will only vary following a contract variation.
3	Integrated Reablement (Domiciliary Care Strategic Partners)	11. Intermediate care services	Social Care	CCG Minimum Contribution	£1,084,434	£35,299	£1,119,734	Existing	Review of the use of Strategic Partners has led to a saving in the overall cost in 2019/20 and together with the funding for FHD which has ceased and further grant funding this has been reinvested into the new Home First Extension scheme
3	Integrated Reablement (Home First Extension)	11. Intermediate care services	Social Care	CCG Minimum Contribution	£301,465	£14,724	£316,189	Existing	Increase of 6 patients per week receiving intensive support in a home setting. JCC have approved expenditure for 6 months ending 30th April 2019. Further business case for recurrent funding to come to JCC in Q1 2019. Investment avoids costly stays in hospital and inappropriate settings and improves recovery rates.
3	Integrated Reablement (Home First Extension)	11. Intermediate care services	Social Care	Improved Better Care Fund	£0	£75,763	£75,763	Existing	Increase of 6 patients per week receiving intensive support in a home setting. JCC have approved expenditure for 6 months ending 30th April 2019. Further business case for recurrent funding to come to JCC in Q1 2019. Investment avoids costly stays in hospital and inappropriate settings and improves recovery rates.
4	Falls Response Service	11. Intermediate care services	Social Care	CCG Minimum Contribution	£0	£318,312	£318,312	Existing	RUH, Ambulance Service ajnd VC provide service to avoid hospital admission with home assessments. Service agreed to expand and post filled Q3 2018/19. Investment realises savings across the system as majority of patients remain in home setting.
5	Community Services Contract Home from Hospital	11. Intermediate care services	Community Health	CCG Minimum Contribution	£171,000	£0	£171,000	Existing	Part of Virgin Contract and monitored under contract management arrangements. Part of the original BCF but will only vary following a contract variation.
5	Community Services Contract Home from Hospital	11. Intermediate care services	Social Care	CCG Minimum Contribution	£171,000	£0	£171,000	Existing	Part of Virgin Contract and monitored under contract management arrangements. Part of the original BCF but will only vary following a contract variation.
6	Community Services Contract Audiology Cost by Case	16. Other	Community Health	Additional CCG Contribution	£702,253	£18,489	£720,742	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation
7	Integrated Care and Support	7. Enablers for integration	Community Health	CCG Minimum Contribution	£2,179,966	-£59,906	£2,120,060	Existing	Funding retained by CCG in connection with out of hospital (OOH) schemes which they lead on
8	Protection of Social Care	16. Other	Social Care	CCG Minimum Contribution	£4,244,742	-£516,698	£3,728,044	Existing	Recurrent funding to support the LD, MH, CE pooled budgets and Older People purchasing budgets. Figure matches 2017/18 level of funding
8	Protection of Social Care	16. Other	Social Care	Grant	£970,000	£0	£970,000	Existing	Recurrent funding to support the LD, MH, CE pooled budgets and Older People purchasing budgets
9	Community Services Contract Social prescribing	13. Primary prevention / Early Intervention	Mental Health	CCG Minimum Contribution	£100,000	£0	£100,000	Existing	Part of Virgin Contract and monitored under contract management arrangements. Part of the original BCF but will only vary following a contract variation.
10	Community Services Contract Mental Health Reablement Beds	13. Primary prevention / Early Intervention	Mental Health	CCG Minimum Contribution	£100,000	£0	£100,000	Existing	Part of Virgin Contract and monitored under contract management arrangements. Part of the original BCF but will only vary following a contract variation.
11	Community Services Contract Support for Carers	3. Carers services	Social Care	CCG Minimum Contribution	£266,000	£0	£266,000	Existing	Part of Virgin Contract and monitored under contract management arrangements. Part of the original BCF but will only vary following a contract variation.
12	BCF Strategic Support	7. Enablers for integration	Social Care	CCG Minimum Contribution	£239,000	-£23,685	£215,315	Existing	Cost of strategic posts connected with BCF. Reduction in use for integration project allows for new scheme 29 Complex Discharge Co-ordinator
13	Care Act Implementation	16. Other	Social Care	Local Authority Contribution	£1,500,000	-£106,376	£1,393,624	Existing	Care Act Grant. Funds in the main support to specific posts and assessment charges arising from the changes in the Care Act.
14	Disabled Facilities Grant	4. DFG - Adaptations	Social Care	Grant	£1,177,682	£93,107	£1,270,789	Existing	To be used by Housing team but also in 2019/20 to support Community Equipment Pool
14	Assistive Technologies/Community Equipment	1. Assistive Technologies	Social Care	Grant	£30,000	£40,000	£70,000	Existing	The Community Equipment Review is well underway with updates received by JCC in 2018/19. The project funding for 2019/20 is to support a fixed term technical expert to inform the type and quantity of equipment we should purchase and to commission phase 2 of the TSA report.
15	Community Services Contract Community Health	16. Other	Community Health	Additional CCG Contribution	£25,261,053	£716,066	£25,977,119	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation

Scheme ID	Scheme Name	Scheme Type	Area of Spend	Source of Funding	2018/19 Expenditure £	Virement	2019/20 Expenditure £	New/ Existing Scheme	Scheme update
15	Community Services Contract Continuing Care	16. Other	Continuing Care	Additional CCG Contribution	£679,548	-£14,270	£665,278	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation
15	Community Services Contract Mental Health	16. Other	Mental Health	Additional CCG Contribution	£2,925,580	£52,851	£2,978,431	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation
15	Community Services Contract Social Care	16. Other	Social Care	Local Authority Contribution	£21,356,069	-£10,212	£21,345,857	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation
15	Community Services Contract Other	16. Other	Other	Local Authority Contribution	£712,034	£217,163	£929,197	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation
15	Community Services Contract Other	16. Other	Other	CCG Minimum Contribution	£46,094	£0	£46,094	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation
16	Community Services Contract Transformation funding	16. Other	Social Care	Grant	£502,000	£8,000	£510,000	Existing	Original plan had 50% support to growth funding split across health and social care. Final position is that this supports social care only health is provided by CCG. Increase to cover cost of Think Family implementation
17	Fair Price of Care	16. Other	Social Care	Grant	£200,000	£375,000	£575,000	Existing	Recurrent funding to support the local Care MarketOlder People
19	National Minimum Wage/Sleep-in Cover	14. Residential placements	Social Care	Grant	£76,000	£0	£76,000	Existing	Recurrent funding to support the LD pooled budget
20	Support Planning and Brokerage Service	16. Other	Social Care	Improved Better Care Fund	£85,296	£39,704	£125,000	Existing	Interim Brokerage Manager appointed Q2 2018/19 and the scheme continues to invest in this post together with a budget for technical support in developing reporting to support brokerage function going forward. Options appraisal underway and paper due to JCC Q1 2019/20. Supported short term by Scheme 27 Enhanced Discharge
21	Transition to new Community Resource Centre Model	14. Residential placements	Social Care	Improved Better Care Fund	£100,000	£0	£100,000	Existing	Transition funding initially to support increase cost of transfer to nursing model and FNC funding but subsequently used to coverpoor occupancy and staffing issues
22	Transition of Extra Care	14. Residential placements	Social Care	Improved Better Care Fund	£0	£50,000	£50,000	New	Overnight support in Pemberley Place Extra Care mixed tenure scheme . New funding for 29 council units supporting S106 development agreement. Most likely to be recurrent request for further two years.
23	Home First Pathway One (D2A 5 day working) (ORCP)	9. High Impact Change Model for Managing Transfer of Care	Social Care	Local Authority Contribution	£253,934	-£253,934	£0	Existing	Part of Virgin Contract and monitored under contract management arrangements. Forms part of BCF plan and is included as addition funding which will only vary following contract variation
23	Home First Pathway One (D2A 7 day working)	9. High Impact Change Model for Managing Transfer of Care	Social Care	Grant	£353,936	£21,064	£375,000	Existing	Increase reflects full year costs paid to Virgin Care to provide the additional capacity to take this to a 7 day model which were covered in 2018/19 by deferred income
23	Home First Fit Therapies/Transport	9. High Impact Change Model for Managing Transfer of Care	Social Care	Grant	£0	£0	£0	Existing	Increase reflects full year costs paid to RUH to provide the serivce which were covered in 2018/19 by deferred income
23	Home First Pathway Three (Beds)	9. High Impact Change Model for Managing Transfer of Care	Social Care	Improved Better Care Fund	£0	£175,000	£175,000	Existing	Provides 5 additional beds in Bristol to improve discharge rate and increase rate of recovery for Pathway 3 patients. Update presented to JCC in December 2018 with agreement to proceed into 2019/20 to support winter bed pressure refine and with refined entry criteria to enable final assessment to be undertaken
24	Mental Health Pathway Review	16. Other	Mental Health	Improved Better Care Fund	£100,000	-£50,000	£50,000	Existing	Scheme concluding final costs include the Project Manager into Q2 of 2019/20
25	Liquid Logic enablers to Adult Health and Social Care work (RAS, ICR and 3 Conversation)	16. Other	Other	Grant	£30,000	-£30,000	£0	Existing	Scheme Ended
26	Delirium Pathway	9. High Impact Change Model for Managing Transfer of Care	Social Care	Improved Better Care Fund	£50,000	£150,000	£200,000	Existing	Pilot underway from Q3 2018/9 to inform investment and savings potential for Business case for continuation of scheme. Benefit is to Discharge Rate and Social Care costs
27	Enhanced Discharge (CHS)	10. Integrated care planning	Social Care	Grant	£200,000	-£200,000	£0	Existing	Linked to Scheme 20 Brokerage and to provide a maximum of 40 placements per month to allow for brokerage model to be developed and transition stage. Benefit is to Discharge Rate and Social Care costs with current assessment of benefit due to JCC in early 2019. Funded from Winter Pressures in 2019/20
28	Trusted Assesor (7 Day)	9. High Impact Change Model for Managing Transfer of Care	Social Care	Grant	£0	£120,000	£120,000	Existing	Post was filled in Q3 2018/19 and costs paid for from additional winter pressures funding. Aim is to speed up assessment within a care home setting and includes provision for 7 day working and minimise costs where possible
29	Complex Discharge Co-ordinator		Social Care	CCG Minimum Contribution	£0	£52,000	£52,000	New	Post under council SC to conduct health and social care discharges falling outside of CHC
30	Integration Programme	16. Other	Other	Grant	£0	£85,000	£85,000	New	Funding to drive integration programme e.g. IT modifications to allow sharing of files split 50:50
31	Targeted Team for Rural Support	9. High Impact Change Model for Managing Transfer of Care	Social Care	Improved Better Care Fund	£0	£50,000	£50,000	New	Enabler to support the reablement redesign
32	Incentive Scheme for Homecare / Reablement Staff with Strategic Partners	Reablement services	Social Care	Improved Better Care Fund	£0	£20,000	£20,000	New	Enabler to support the reablement redesign
33	External technical support to Client Finance	Other	Social Care	Improved Better Care Fund	£0	£100,000	£100,000	New	
100	BCF Risk Share Contingency	16. Other	Other	CCG Minimum Contribution	£560,103	£10,025	£570,129	Existing	Risk share based on Non Elective admission target with CCG Acute contract. Target remains unachieved and therefore funding remains within CCG
101	Schemes to be identified	16. Other	Social Care	Improved Better Care Fund	£0	£344,738	£344,738	New	
Total BCF & IBCF					**£69,184,226**	**£726,078**	**£71,342,161**		

Bath & North East Somerset Council

NHS Bath and North East Somerset Clinical Commissioning Group

MEETING	**HEALTH AND CARE BOARD**
DATE	**04/06/2019**
TYPE	**An open public item**
Report summary table	
Report title	Proposed new governance arrangements for community safety and safeguarding in B&NES
Report author	Lesley Hutchinson Director for Safeguarding and Quality Assurance, B&NES Council and Lisa Harvey Director of Nursing and Quality, NHS BaNES CCG
Summary	The attached report sets out the rationale for establishing a new B&NES Community Safety and Safeguarding Partnership. The new Partnership will replace the existing Local Safeguarding Children Board, the Local Safeguarding Adult Board and the Responsible Authorities Group. The proposal has been developed as a change in the statutory requirements has meant that Local Safeguarding Children Boards are to be abolished by 28th September 2019. New arrangements must be agreed and published by 29th June 2019. The change in legislation has provided an exciting opportunity to create a new Partnership with a commitment and focus on Think Family and Community. The proposed model is required to be authorised by the three statutory agencies, B&NES Council, NHS BaNES CCG and Avon and Somerset Constabulary. The proposed new arrangement ensures the Council and CCG meet their statutory duties whilst offering a range of benefits which will be created by merging the existing Boards / Group. There are limitations to the proposal; however with careful management and continuous review it is believed the benefits that can be achieved strongly outweigh these limitations. First and foremost the outcomes for children and adults will be improved by having one strategically-led conversation. There will be one operational group which will also benefit from one conversation.

Recommendations	The Board is asked to • Review the proposal and provide any feedback to be considered alongside feedback from Avon and Somerset Constabulary Management Board. • That the Board approves the proposals in principle. • The Board delegates the final approval of the detail of the new arrangements to the Corporate Director for the Council and Director of Nursing and Quality for the CCG in consultation with the relevant cabinet portfolio holders and Board members as well as in partnership with the police.
Rationale for recommendations	Members of the Local Safeguarding Children's Boards, Local Safeguarding Adults Board and Responsible Authority Group have had numerous discussions about possible alternative arrangements; however the benefits of the proposed model outweigh the others considered. We recognise that whilst similar models are being adopted in a number of other areas and these proposals are being brought forward by officers following wider engagement, the members of the Health & Care Board have had little time to scrutinise the proposals and may value further opportunity to discuss and comment today and/or in the next two weeks.
Resource implications	The resources required are set out in the proposal. Subject to the proposal being agreed the Council and CCG will contribute an equal share to the budget. The statutory partners' representatives have agreed the budget but this will need reviewing in February 2020 in preparation for 2020/21 to ensure the financial split is more equitable across the three partners. Avon and Somerset Constabulary have agreed to this review. The contributions proposed by the CCG for 2019/2020 are within allocated resources. The contributions proposed by the Council for 2019/ 2020 are within allocated resources.
Statutory considerations	The report sets out the statutory considerations that have been considered as part of this proposal. The implementation Plan is being developed and this will include a qualities impact assessment and equalities impact assessment which will be published alongside the new Partnership if approved.

Consultation	This proposal has been shared with the Council Section 151 Officer and approval obtained and Monitoring Officer as required. The CCG Finance Team have reviewed the financial implications. The proposal has also been discussed with members of the Local Safeguarding Children Board, Local Safeguarding Adult Board and the Responsible Authorities Group at a meeting on 3rd May 2019. The benefits and limitations discussed at this session have been included within the proposal and members agreed the name for the proposed new arrangement.
Risk management	The limitations identified within the proposal highlight the risk identified with this proposal. Mitigations are being included in the Implementation Plan to ensure these are reduced. Continuous risk assessments and a Partnership Risk Register will be developed.
List of attachments	Attachment 1: Proposed new Governance Arrangements for Community Safety and Safeguarding in B&NES.
Background papers	The statutory requirement regarding the three Boards are set out in various guidance: • The statutory requirements for the Local Safeguarding Children Board (LSCB) are set out in the Children and Social Work Act 2017. This abolishes the requirement for LSCBs, and the associated guidance Working Together to Safeguard Children 2018 sets out the requirements for the replacement. • The statutory requirements for the Local Safeguarding Adults Board (LSAB) are set out the Care Act 2014, and associated Care and Support statutory guidance October 2018 sets out the minimum requirements. • The statutory requirements for the Responsible Authorities Group (RAG) are set out in the Crime and Disorder Act 1998, The Police and Justice Act 2006 and the Policing & Social Responsibility Act 2011 The proposal ensures all the statutory requirements continue to be met.

Proposed new Governance Arrangements for Community Safety and Safeguarding in B&NES

B&NES Community Safety and Safeguarding Partnership (BCSSP)

Author	Version Date	Draft / Final
Lesley Hutchison	Version 12	Draft
Lisa Harvey	Version 13	Draft

1. Introduction

1.1 The purpose of this report is to set out the proposal for a new governance arrangement for the Local Safeguarding Children's Board (LSCB), the Local Safeguarding Adults Board (LSAB) and the Responsible Authorities Group (RAG).

1.2 The statutory requirements regarding the three Boards are set out in various guidance:

- The statutory requirements for Local Safeguarding Children Board (LSCB) are set out in the Children and Social Work Act 2017, this abolishes the requirement for LSCBs and the associated guidance Working Together to Safeguard Children 2018 sets out the requirements for the replacement.

- The statutory requirements for the Local Safeguarding Adults Board (LSAB) are set out the Care Act 2014 and associated Care and Support statutory guidance October 2018 sets out the minimum requirements.

- The statutory requirements for the Responsible Authorities Group (RAG) are set out in the Crime and Disorder Act 1998, The Police and Justice Act 2006 and the Policing & Social Responsibility Act 2011.

1.3 The proposal ensures all the statutory requirements continue to be met whilst providing an opportunity to align more closely the work of the three boards.

2. Background

2.1 Since 2012 the LSCB and LSAB have been working closely together, through shared sub groups, joint action plans and strategic plans, shared development days, stakeholder events and newsletters. The boards have aligned formatting of risk registers, meetings and agendas. The LSCB and LSAB also have a joint Business Support Manager and Independent Chair.

2.2 The LSCB and LSAB both inform the RAG of their work and vice versa. There is overlap between the Boards/Group taking the lead in some areas of safeguarding and community safety. This often results in duplicating reports to all three groups for example in the areas of domestic abuse, exploitation, complex trio and Prevent.

2.3 The Wood Report: this review of the role and functions of local safeguarding children boards was published in March 2016. This concluded that LSCB existing arrangements were not fit for purpose and recommended that LSCBs should cease.

2.2 Key recommendations from the Wood review have been incorporated into the Children and Social Work Act 2017. The Act states that the three statutory safeguarding partners are jointly accountable, extending accountability for arrangements beyond that of the Local Authority.

The Act was passed in April 2017. In July 2018 the Government published the relevant guidance. The guidance makes it explicit that new arrangements for children must be published by 29 June 2019 and implemented by 29 September 2019.

2.4 Avon and Somerset Constabulary co-ordinated meetings across their geographical footprint, working with statutory partners in order to develop a new arrangement for children. Since autumn 2017 discussions have taken place at a number of consortium meetings with Police, Council Directors of Children Services from each Local Authority and CCG Directors for Safeguarding from Bristol, North Somerset and South Gloucestershire CCG, B&NES CCG and Somerset CCG. It was agreed to establish a cross-boundary working group to work collaboratively to explore the opportunities set out in Working Together to Safeguard Children 2018.

2.5 There was a universal agreement across the five Local Authority and three CCG areas to maintain a focus on `place based' arrangements for safeguarding children to enable the requirement for local agencies to continue to respond to local issues and meet them in a dynamic and flexible manner.

3. Ensuring the Statutory Requirements are met in the Proposal

3.1 The proposal to establish a B&NES Community Safety and Safeguarding Partnership ensures that the arrangements comply with the legislative framework.

3.2 The requirements of Community Safety Partnerships (CSP B&NES RAG) are set out in The Crime and Disorder Act 1998, The Police and Justice Act 2006 and the Policing & Social Responsibility Act 2011.

3.3 The legislation requires 'responsible authorities' to form Community Safety Partnerships to co-operate to reduce crime and disorder, produce a Community Safety Plan based on local strategic assessments, and share evidenced-based data to support this process.

3.4 Working Together to Safeguard Children 2018 specifies the requirements for the new safeguarding arrangements for children. The guidance states that the three safeguarding partners must set out how they will work together and with any other relevant agency to collate and share information, and hold each other to account to improve outcomes for children.

3.5 The new arrangements must set out contributions agreed. This includes funding, accommodations, services and any resources connected with the arrangements. The level of funding secured from each partner should be equitable and proportionate.

3.6 Schools, colleges and other educational providers are not listed as a statutory partner however they are relevant agencies and the new arrangement is designed to ensure their input and participation.

3.7 The Care Act 2014 and Care and Support statutory guidance sets out the requirements for safeguarding adults. It requires the Board to co-ordinate and ensure the effectiveness of its members. Members listed include the CCG and Police and 'other such persons' that may be specified in regulations.

3.8 Funding and other resources may be provided by Board members towards expenditure incurred in connection with the work of the Board. Members may provide staff, goods, services, accommodation or other resources for the purposes of the Board.

4. Proposal for a B&NES Community Safety and Safeguarding Partnership

4.1 The proposed model has been developed through consultation between key stakeholders Avon and Somerset Police, Avon Fire and Rescue, B&NES Council, NHS BaNES CCG and the National Probation Service.

4.2 The opportunity for a merged LSCB/LSAB/RAG has been discussed with LSCB and LSAB members at meetings in December 2018 and March 2019 and with the RAG at its meeting in January 2019. Feedback from these groups was positively in favour of a place-based combined safeguarding arrangement. Therefore the geographical boundary of the Partnership will be Bath and North East Somerset Council area.

4.3 In February 2019 key agencies collectively agreed in principle to merging the LSCB, SAB and RAG on the basis that a place-based arrangement would provide the best outcome for local people; that the remit of each of the existing three groups was to protect the most vulnerable; and by having a merged arrangement protecting vulnerable people would be enhanced. A number of principles were agreed.

1. The voice of children, adults and families must be strengthened.
2. Being cognisant of arrangements in neighbouring areas and ensuring links are maintained. This is especially important in areas such as county lines and exploitation.
3. The need to build on the existing 'good'arrangements that are in place and ensure a new merged arrangement doesn't destabilise or dilute this.
4. Being able to keep focus on the areas that are important and relevant to each board / group as well as the areas that will benefit from joint working. The group agreed it was important to maintain a single as well as joint lens.
5. The need to work more effectively and efficiently and ensure that resources are used to their optimum.

4.4 During February to May a small working group made up of a representative from each agency, with the exception of the Probation Service, was convened and met three times to develop the proposed model.

4.5 The working group and 33 members from the LSCB, LSAB and RAG met on 3rd May 2019 to discuss the proposed new arrangement noting that the 'responsible authorities / statutory partners' were the ultimate decision makers but recognising that wider partnership agreements are key to ensure effectiveness.

4.6 Members from the LSCB, LSAB and RAG who were unable to attend the workshop have been invited to feedback any comments by 28th May.

5. The Proposed New Governance Arrangement

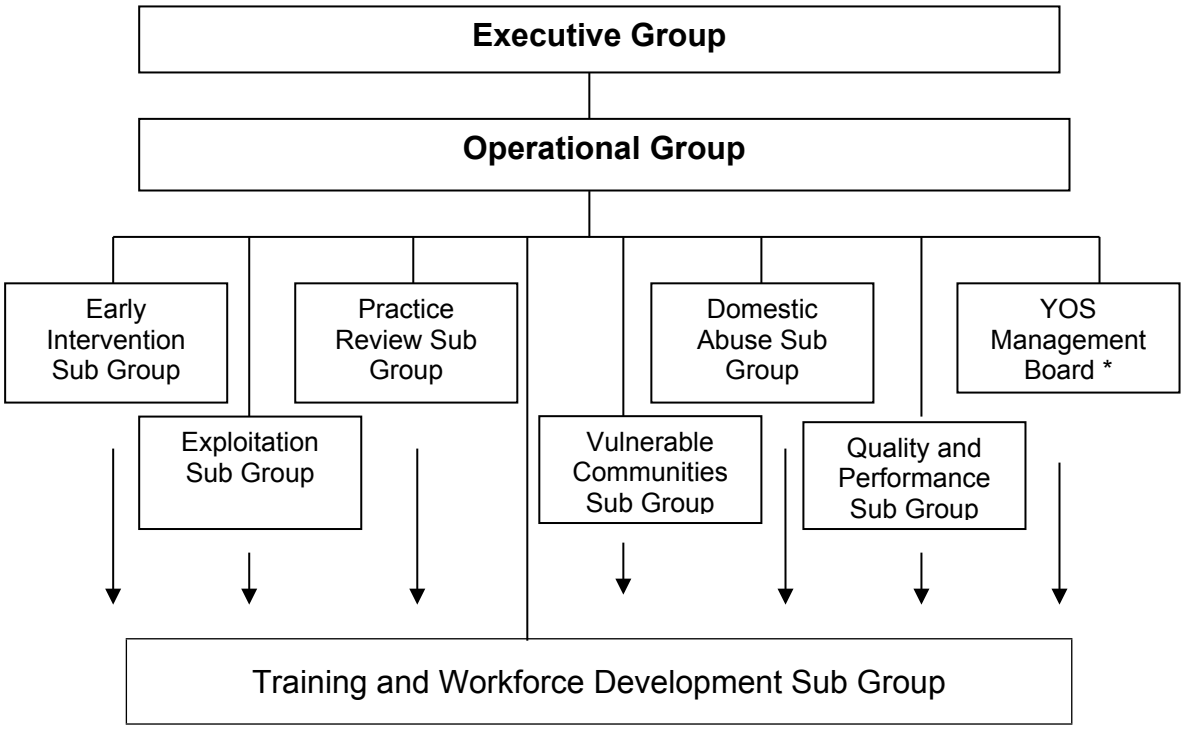
5.1 Members voted from seven proposed options that the new arrangement should have the following title:

B&NES Community Safety and Safeguarding Partnership (BCSSP)

Think Family and Community

5.2 **B&NES Community Safety and Safeguarding Partnership Governance Structure**

5.3 The governance structure for the proposed new arrangement has been developed by the working group and approved by members of the LSCB, LSAB and RAG



(* the YOS Management Board will have report to BSCCP and also the Health and Wellbeing Board)

5.4 **Executive Group and Operational Group Remit and Membership**

Group	Remit	Membership
Executive Group x2 per year – bi-annual (virtual meetings will be convened if issues require this)	**Approval of:** Strategic Plan Budget Annual reports Risk Register Communication plan **Oversight and Responsible for**: Performance and outcomes Effectiveness of multi-agency working Quality Removal of barriers to innovation and problem solving Collective challenge Ensuring statutory responsibilities are delivered / delivery of legal framework	Independent Chair Business Support Manager Area Manager, Risk Reduction Avon Fire and Rescue Chief Executive or Executive Director for Nursing and Quality NHS BaNES CCG Chief Officer Avon and Somerset Constabulary B&NES Council DCS and DASS National Probation Service Police and Crime Commissioner (non-voting member) Council Lead Member (non-voting member)
Operational Group x4 per year - quarterly	**Delivery and oversight of:** Strategic Plan Budget monitoring Risk Register Performance activity and quality issues (including sec 11, 175 and self-assessments in line with standards; monitoring multiagency effectiveness) Approval of policies and procedures Challenge / critical friend Operational challenges Key messages to the community and Joint Newsletters Highlighting concerns to the Executive Board for unlocking Awareness of national and regional work and ensuring feed into their work Avon and Somerset MAPPA Board relevant reports Criminal Justice Board relevant reports Voice of children and adults at risk	Independent Chair Independent Business Support Manager Health Watch Lay members Cabinet Portfolio holders Relevant agencies as set out in the legislation and locally agreed (including voluntary and community representation and victim voice) Operational Group Sub Group Chairs

	Implementation of Making Safeguarding Personal **Authorising** Practice Review reports and action plans Communications plan and external communications Training and Development Strategy Approval of performance indicators	

5.5 **Proposed Key Sub Groups**

Quality and Performance Sub Group	**Exploitation Sub Group**	**Vulnerable Communities Sub Group**
Chair: NHS BaNES CCG	**Chair: Avon and Somerset Constabulary**	**Chair: Avon Fire and Rescue**
Areas of work covered		
All age	All age	All age
Safeguarding standards for children and adults	Missing children and adults	Night time economy
Audit reporting	Serious Violence County Lines	Drug and alcohol
Single and multi-agency dashboard review and monitoring	Modern slavery / trafficking	Fraud
Implementation of Assurance Framework (including annual performance indicator and audit programme development annually)	Financial, sexual, organised crime, disruption (including elements of licensing and trading standards)	Anti-social behaviour arising from nuisance, rough sleeping and street drinking (not homelessness as dealt with by another partnership)
	Forced Marriage, FGM, Honour Based Violence Prevent Youth@Risk and Contextual Safeguarding Public Protection	Licensing and trading standards Community triggers

Early Intervention	Domestic Abuse	Training and Workforce	Practice Review
Chair: NHS BaNES CCG	**Chair: B&NES Council**	**Chair: B&NES Council**	**Chair: B&NES Council**
Areas of work covered			
All age	All age	All age	All age
Early Help	Existing DAP Terms of Reference	Delivery of training and development strategy	Children Safeguarding Practice Reviews (including responsible for Rapid Review reports to National Panel)
Early intervention and prevention	Control and coercion	Delivery of training programme	Safeguarding Adult Reviews (including Making Safeguarding Personal)
		Evaluation and monitoring of training effectiveness	Domestic Homicide Reviews
			Learning Reviews

5.6 In addition each sub group will be responsible for the following:

- Development of communication materials in line with the Communication Plan
- Policy and procedure writing (establishment of task and finish groups to undertake the drafting)
- Ensuring the actions within the Strategic Plan and Board Assurance Framework are delivered
- Monitoring effectiveness
- Consideration of any training and development needs
- Delivering statutory frameworks (including MCA)
- Ensuring the voice of the individual is listened to
- Being aware and abreast of national and regional networks and activities that will influence local arrangements
- Ensuring evidence -approaches are implemented
- Ensuring Think Family and Think Community is explicit in all work undertaken

5.7 The working group also proposed that a number of other task and finish groups / work streams are established which will report into the Sub Groups to undertake specific time limited work.

Quality and Performance Sub Group	Exploitation Sub Group	Domestic Abuse Sub Group	Practice Review Sub Group
Audit programme group	**Hate Crime Task and Finish**	**MARAC Steering Group Task and Finish**	**Drug related and homelessness / rough sleeping death reviews**
Chair: potential for independent to chair	**Chair:** To be confirmed	**Chair:** To be confirmed	**Chair:** To be confirmed
All age Multi-agency audit programme requires development – needs to take account of age related and practice issues. The group will cover all ages however audits will be bespoke and audit reports shared with the group	All age Identify hate crime cases Review and ensure appropriate referrals have been made to safeguard individuals	All age Task and finish until the pilot is embedded	Remit currently under review
Joint Targeted Area Inspection task and finish group	**Prevent Steering Group**	**Liberty Protection Safeguards Task and Finish Group**	**Communication Plan Task and Finish Group**
Chair – B&NES Council s)	**Chair: B&NES Council**	**Chair: B&NES Council**	**Chair: Business Support Manager Community Safety and Safeguarding Partnership**
Children only however dependant on theme	All age Existing steering group exists	Age 16 and above Currently being scoped	All age

5.8 The existing Homelessness Partnership and Suicide and Self Harm groups will continue to report under their existing governance structures; however they will share relevant reports and information with the Operational Group.

5.9 The combined Training and Development Sub Group will receive requests from all sub groups.

5.10 Educational establishment will have a representative on the Operational Group; they will advise the Schools Standard Board and the Child Protection Forums of all relevant issues.

5.11 The In Care Council, Youth Forum and Children's Equalities Group will report into the new arrangements and whilst not a formal sub group will provide a view on the Strategic Plan and Annual Report and will also make training and workforce development requests of the new arrangement.

5.12 HealthWatch will be a member of the operational group and comment on the Strategic Plan and Annual Report in a formal capacity as set out in the Care Act statutory guidance.

5.13 The current links will be strengthened with Virgin Care Citizens Panel, Your Health Your Voice, the Carers Centre and Young Carers services to ensure feedback is gathered on the Strategic Plan and Annual Report.

5.14 The current links will also be strengthened with other local voluntary and community sector forums and networks e.g. Care Home Forum.

6.0 Proposed Scrutiny arrangements of the B&NES Community Safety and Safeguarding Partnership

6.1 The working group and members of the LSCB, LSAB and RAG propose that the independent scrutiny arrangements for the new arrangement include:

- **Scrutiny of individual agencies and their impact on the Partnership**
  - Statutory requirements such as section 11, section 175 self-assessments (validation visits and walkabouts)
  - Review of agencies' external inspection reports as required

- **Scrutiny of the effectiveness of the Partnership functions**
  - Independent Chair of the Operational and Executive Group responsible for holding partners to account including shared management of risk
  - Multi-agency audits undertaken by an independent auditor reviewing effectiveness of multi-agency practice
  - Themed deep dive reports into areas highlighted through the Assurance Programme and the Strategic Plan
  - Learning from Practice Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews and other reviews
  - Lay members scrutiny

- **External scrutiny**
  - Joint Targeted Area Inspection
  - Peer reviews

6.2 The Partnership will employ an Independent Chair in line with the requirement of the Care Act statutory guidance, who will manage the Partnership Support (including the commissioning of practice reviews and training functions) and Lay Members. They will also be responsible for liaison with the In Care Council, Youth Forum, Children's Equality Group, HealthWatch, Carers Centre and Citizens Panel of Virgin Care.

7.0 Proposed Publications of the B&NES Community Safety and Safeguarding Partnership

7.1 Members of the working group and LSCB, LSAB and RAG proposed In line with legislation the following publication:

Date	Publication
29 June 2019	Publish new arrangements setting out geographical area covered Implementation Plan Scrutiny Arrangements (Send to relevant authorities (What Works Centre for Children Social Care, National Children Practice Review Panel and Youth Justice Board))

8.0 Proposed Funding of the B&NES Community Safety and Safeguarding Partnership

8.1 The proposed costs of the new arrangement are set out below. Representatives with the appropriate authority from Avon and Somerset Constabulary, NHS BaNES CCG and B&NES Council have discussed and approved the requirements below:

Item	Cost	Rationale
Staffing		
Independent Chair	14,850	27 days x £550 independent scrutiny and LSAB requirement
Independent Business Support Manager (1 FTE)	62,765	Reporting to the Independent Chair (includes salary on costs and benchmarked against other areas)
Independent Business Support Administrator (1FTE)	30,000	Reporting to the Business Support Manager and Independent Chair (includes salary on costs and benchmarked against other areas
Independent auditor / quality assurance	10,000	20 days x £500 Undertake bespoke audits for scrutiny purposes reporting to the Independent Chair and review of training arrangement

MARAC coordinator	17,000	Post required for the coordination of Multi-Agency Risk Assessment Conferences (high risk domestic abuse)
Expenses	1,500	Basic expenses for above independent staff
Ancillary running costs		
Room and equipment hire	5,000	Stakeholder, enquiry, policy launch, SAR, DHR and Practice Reviews and development sessions
Guest Speakers	1,500	Developmental sessions for board members
Adult and children ECR system	3,000	System for SARs, Practice Reviews and potential for DHR going forward
South West Child Protection Procedures contract	1,038	Requirement to have procedures
Printing and design	500	Generally information on line, website costs may require revisiting
Total	**147,153**	
For 29.09.19 - 31.03.20	**73,576.50**	

Note:

1. Cost of DHR, SAR and Safeguarding Children Practice Reviews will be shared equally by CCG, Council and Police and are not included above. Each agency needs to ensure a suitable reserve or other provision for these Reviews (at a cost of between 5-15K)
2. Child Death Overview Panel costs will be met separately by the Council and CCG as due to statutory guidance these are no longer within the remit of the Partnership arrangements
3. Costs associated with Avon and Somerset Strategic Safeguarding Partnership are not included and are to be borne by each agency separately
4. Finance or Human Resource costs have not been factored into the budget and this will depend on which agency hosts the Independent Chair and associated staff
5. There is no contingency identified and each agency needs to ensure a suitable reserve or other provision is made available if needed

8.2 NHS Banes CCG have committed to contributing an appropriate and proportionate amount to the cost of the new proposed model. This is in line with statutory guidance and the CCGs priorities to improve the Health and Wellbeing of the population and to develop sustainable communities. The CCG have committed £60K from 29.06.19 to 31.03.20. The funding will be reviewed for 2020/21.

8.3 B&NES Council have committed to maintain an appropriate and proportionate amount of the cost of the new model; this will see a reduction from the current contribution.

8.4 Avon and Somerset Constabulary are unable to meet the full commitment to contribute an appropriate and proportionate amount from 29.09.19 to 31.03.20. However, they have committed to maintain their existing funding arrangement until new arrangements are agreed across all five local authority areas within the Avon and Somerset area. They currently contribute £127,000 across all 10 LSCBs and LSABs. There is a firm commitment to provide appropriate resource in kind to support activity within each Partnership structure – whether that is attendees, meeting spaces or administrative support. For 2020/21, Police funding will be reviewed to ensure that it is equitable and proportionate and in line with statutory obligations.

8.5 The total six month running cost from 29.09.19 to 31.03.20 is £129,607. This includes £73,576.50 for the running of the Partnership and £56,030.50 for training and it has been agreed that this will be funded by the following contributions:

Avon and Somerset Constabulary	£7,455
Banes NHS CCG	£60,000
B&NES Council	£62,152

8.6 The three statutory partners have agreed to review the financial arrangement for 2020/2021 before March 2020. The three partners have agreed to provide staffing, administration, venues, etc. in kind to help support the work of the new arrangements.

8.7 Other Partners (i.e. National Probation Service, Community Rehabilitations Companies and CAFCASS) may continue to make a contribution however this is as yet unknown. If this is the case the amount will be included as a contingency fund.

8.8 The proposed Training Programme costs of the B&NES Community Safety and Safeguarding Partnership have been separated out as it is intended that this will be self-financing from October 2020/21 onwards subject to the success of the implementation of the new Training Charging Policy.

Item	Cost	Rationale
Staffing		
Training coordinator (1FTE)	43,881	To be decided where this reports; anticipated that this spend will be recouped through Charging Framework includes on costs
Training Administrator (0.7 FTE)	13,080	Based on existing staff time – includes on costs
Independent / specialist trainers	15,000	
Expenses	300	

Ancillary Running Costs		
Learning Pool	7,300	Data system which agencies access to book onto training
Room and equipment hire	500	Negligible as long as agencies continue to provide rooms for free
Total Cost	**80,061**	
For 29.09.19 - 31.03.20	**56,030.50**	This includes estimated additional cost of external trainers 8,000 and management time whilst moving to new model 8,000

8.9 A new Training Charging Policy is being implemented from 1st September 2019. The aim of the Training Charging Policy is to enable the training delivery to be self-financing. The above costs are full year as noted however whilst this is being implemented there will be a training cost pressure for October – March 2019/20 and likely for the first six months of 2020/21. The plan is to evaluate the effectiveness and sustainability of the training programme during the first year of the new arrangement being in place.

9.0 Benefits and Limitations of the Proposed B&NES Community Safety and Safeguarding Partnership

9.1 The benefits and limitations below include those raised at the workshop on 3rd May 2019.

9.2 **Benefits -** the proposed new Partnership presents the following benefits in improving outcomes for children, adults and the community:

- To strengthen and improve the work on Think Family and Community Safety by pulling all three groups together to do so. The Children and Young People sub committee (reporting into the Health and Wellbeing Board) have already started on this work (Think Family focus).
- To improve strategic decision making and leadership by having one conversation rather than three to ensure that they are as cohesive as they could be; by doing this outcomes for children, adults, families and the communities will be improved. The Serious Violence Strategy is a current example where RAG, LSAB and LSCB all have a stake in ensuring local arrangements are effective.
- Focusing on areas of work which will have the greatest impact to improve outcomes for children, adults, families and the community by having shared strategic objectives.
- Shared horizon scanning – county lines, contextual safeguarding, rough sleeper deaths are areas the existing groups need to collaborate on. Doing this together will enhance effective working.

- Reducing duplication and releasing capacity (for example domestic abuse is led by the RAG however the LSCB and LSAB have a statutory requirement to lead on this as well; this is also applicable to Serious Violence, Modern Slavery, Prevent and a number of other areas). Being clearer and having one strategic body overseeing the work and plans will lead to improved outcomes for children, adults, families and communities; it will also release capacity to enable increased strategic and frontline work to be undertaken.
- To create efficient governance arrangements for all agencies at a time when each agency is seeking to find financial efficiencies without compromising protecting children and adults at risk.
- Recognition that some partners e.g. Police, are represented on multiple Boards (15 currently); this merged arrangement will reduce this requirement and goes some way to mitigate the Police request for a Consortium arrangement for children only.
- Increased financial efficiencies from employment of one rather than two independent Chairs.
- There are several areas of significant interface by merging the LSCB , LSAB and the RAG which will only seek to enhance this work and increase effective outcomes.

Areas of Significant Interface between LSCB, LSAB and RAG
Exploitation including CSE including children and adults, Human Trafficking and Modern Slavery, Forced Marriage, FGM, Honour Based Violence Radicalisation and Prevent (Channel Panel) County Lines Knife Crime Mate and Hate Crime Serious and Organised Crime Disruption Financial exploitation 'Rogue' traders and scams
Complex (Toxic) Trio
Domestic abuse (including MARAC processes)
Licensing ; safety and use of public place
Learning reviews (DHRs/SARs/SCRs)
MAPPA arrangements (offenders and adults / children at risk)
Rough sleeping and drug related deaths
Training and development needs of the workforce
Awareness raising and communications with the workforce and the community
Unaccompanied Asylum Seekers

- Reduction from 22 formal sub groups to eight; each sub group will be led by a statutory partner enabling more equity and shared ownership
- B&NES LSCB was rated as 'good' by Ofsted when it was reviewed; the LSAB was given a very positive commentary when the LGA undertook a Peer Review. These can be built on to strengthen our arrangements into something that is excellent for our community.
- Improve information sharing with more effective triangulation of risk; raise profile of areas / issues not considered when could have been.

- Effective relationship building but having one shared agenda with clear focus.

9.3 **Limitations and Mitigations**

- Query whether it is possible to deliver the 'business' of all three groups through one mechanism and the meetings themselves will be manageable and enable meaningful conversations. This is to be tested and will be a key focus for early performance monitoring and scrutiny,
- Extensive demand will be placed on group members to understand a wide range of issues, and chairs of sub groups will need to be fully cognisant of all issues,
- There is a potential that some areas of work will no longer be covered – this will be a focus for early performance monitoring and scrutiny.
- There is a potential that the focus on the Mental Capacity Act will not be maintained. The MCA is applicable to children, 16 years and adults and has been set as a requirement for all sub groups to consider in their work.
- The funding for the proposal is not equitable for the first six months.
- There is a risk that some issues that are only relevant to children, adults or community safety may receive less of a focus. The new arrangement needs to monitor this carefully. For example there will need to be a maintained focus on working with adult care providers such as Care Homes and domiciliary care agencies and a maintained focus on older people.
- Potential duplication with some of the work across the Avon and Somerset Strategic Safeguarding Partnership however it is also important that B&NES maintains the links and is aligned across neighbouring areas.
- There has been limited opportunity to review the work of the early adopter sites as these are children-based only. It does not appear that any of the early adopter sites have gone for a merged model similar to this proposal, however they have presented interesting options for scrutiny arrangements which can be considered

9.4 In addition to the benefits and limitations highlighted above, the following points were raised by members of LSCB, LSAB and RAG at the workshop held on 3rd May 2019.

- A highly skilled Independent Chair will be critical to the success of managing the Partnership.
- Agency decision makers must be represented at the Operational Group.
- The Operational Group will need to trust the work of the sub groups and only consider some, not all, issues.
- Concern from agencies that the agenda for children would reduce the focus on adults and community safety.
- Request to consider how contextual safeguarding will run through the work.

10. Cross Border Working with Neighbouring Local Authorities and CCGs

10.1 The three statutory partners recognise the importance, necessity and requirement to work across borders. This is increasingly evident with the risks being highlighted with county line, trafficking and exploitation. The partners are committed to this to improve outcomes for children, adults and communities.

10.2 The Council and NHS Banes CCG will continue to work with Avon and Somerset Constabulary as part of the Partnership consortium and will seek and take opportunities to improve working. In addition they will work across the BaNES, Wiltshire and Swindon Partnership to align where possible.

10.3 Where the opportunity arises the new Partnership will work with all other areas including those at a distance from its existing borders if required and appropriate, to safeguard children and adults and communities at risk in B&NES.

11. Impact on Existing Staffing

11.1 A number of posts are funded through the current LSCB and LSAB arrangements; these post holders are employees of the Council. As part of the Implementation Plan these arrangements will be reviewed in line with usual Human Resources procedures.

11.2 Currently the LSCB and LSAB have interim Chair arrangements therefore the new Partnership can commence recruitment of the Independent Chair imminently.

12. Next Steps and Proposed Timeline

Activity	Purpose	Date
LSCB / LSAB and RAG	Discuss the proposal for new arrangements	3.05.19
Information sharing	Share proposal with: BTP CAFCASS RAG/LSCB/LSAB agencies that didn't attend 3.05.19 session	20.05.19
Information sharing	Share proposal with: Police and Crime Commissioner	w/c 20.05.19
Develop implementation plan	Ready for final publication and delivery to meet statutory requirements	22.05.19
Consultation	Discuss the proposal for new arrangements and implementation plan: Elected Members portfolio holder briefing	TBC

Information sharing	New arrangements and implementation HealthWatch SICC and Youth Forum Corporate Parenting Children and Young People Sub Committee	May 19
Briefing	Directors Group Plus	22.05.19
Health and Care Board (acting on behalf of the Council Cabinet and CCG Board)	For approval in principle subject to Avon and Somerset Constabulary Management Board approval	4.06.19
LSCB	Finalised proposal shared	4.06.19
RAG	Finalised proposal shared	6.06.19
LSAB	Finalised proposal shared	18.06.19
Raise awareness	Share proposal with: Council and CCG commissioned services Educational establishments Children's Home	w/c 24.06.19
Informal Cabinet	For information	End of May
Avon and Somerset Constabulary Management Board	For approval	23.05.19
Avon and Somerset Constabulary Police and Crime Board	For information	5.06.19
Health and Wellbeing Board	For information	25.06.19
LSCB final meeting; closing reports on work carried out by the LSCB from Apr – Sept 2019	Dissolve LSCB	10.09 19
LSAB final meeting; closing reports on work carried out by the LSAB from Apr – Sept 2019	Dissolve LSAB	17.09.19
RAG final meeting; closing reports on work carried out by the RAG from Apr – Sept 2019	Dissolve RAG	To be confirmed
B&NES Community Safety and Safeguarding Partnership	Launch new arrangement	W/c 23.09.19 (before 29.09.19)
B&NES Community Safety and Safeguarding Partnership	6 Monthly Report on new Arrangement	Mar 2020

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