

## **BATH AND NORTH EAST SOMERSET**

### **CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL**

Tuesday, 28th January, 2020

**Present:-** Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Jess David, Ruth Malloy, Mark Roper, Andy Wait, Paul May and Liz Hardman

**Co-opted Members:** Chris Batten and Kevin Burnett

**Also in attendance:** Mike Bowden (Corporate Director), Lesley Hutchinson (Director of Safeguarding and Quality Assurance), Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Cathy McMahon (Public Health Development), Rebecca Reynolds (Public Health Consultant), Annemarie Strong (Legal Advisor/Paralegal) and David Trethewey (Director of Partnerships and Corporate Services) and Lucy Baker (Director of Service Delivery, BSW CCGs)

**Cabinet Member for Adult Services:** Councillor Rob Appleyard

**Cabinet Member for Children's Services:** Councillor Kevin Guy

#### **28 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

#### **29 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

#### **30 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

There were none.

#### **31 DECLARATIONS OF INTEREST**

Councillor Paul May declared an other interest as he is a non-executive Sirona board member.

#### **32 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

#### **33 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING**

Pam Richards, Protect Our NHS BANES made a statement to the Panel on the subject of Virgin Care. A copy of the statement can be found on the Panel's Minute Book, a summary is set out below.

At the meeting on October 1st 2019 I made a statement about Virgin Care's performance on behalf of Protect our NHS BANES and raised several major concerns. Unfortunately these issues were not fully addressed either by the Chair of the Panel or by the CEO of Virgin Care within her report.

We remain concerned about staffing levels. In 2018 a detailed summary of workforce data with graphs was published showing:

- Staff turnover
- Sickness absence
- Vacancy rates
- Agency staffing
- Number of complaints and concerns

Can you publish the latest statistics in order to assure councillors and the public that Virgin Care is adequately staffed to deliver the commissioned services effectively?

We continue to hear reports of low staff morale. As of October 2019, the staff survey had not been published. Can details of this report and a summary of the independent Picker survey be given to councillors and a summary produced for the public?

Concern was expressed by members of this committee in October about Virgin Care's substantial budget deficit and the failure to make efficiency savings as outlined in their bid. What is the projected budget deficit for the end of this financial year?

In order to exercise its scrutiny and monitoring function of this large contract, can this Panel institute a formal and regular reporting mechanism to monitor the performance of Virgin Care? This should cover –

- key performance targets,
- quality of care,
- workforce and staffing issues,
- transformation targets /programmes
- financial performance

Can this be reported in a dashboard format with a commentary?

The Chairman replied that he was disappointed with the criticism of the Panel and explained that they will be receiving a report from the commissioners at its next meeting in March. He stated that the report will be independent of Virgin and that the commissioners will be asked to incorporate updates on the issues she had raised in her statement.

Councillor Andrew Wait commented that he shared the concerns that had been raised and felt that the responses given at the previous meeting were not specific enough. He said that he would particularly welcome an update on their budget status.

## 34 MINUTES - 1ST OCTOBER 2019

The Chairman referred to the minutes and asked if the Terms of Reference for the Autism Board could be circulated to the Panel.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she would pursue this on behalf of the Panel.

The Chairman asked if Councillor Wait had received a reply to his question relating to the RUH car park.

Councillor Wait replied that he had done and that in 2017/18 the gross income from these fees was £1.3m.

Kevin Burnett asked if any further information had been received from the Secretary of State regarding the funding pressure in the education system.

Councillor Kevin Guy, Cabinet Member for Children's Services replied that he would circulate the received letter and stated that the Council were pushing for further information.

The Chairman informed the Democratic Services Officer that on page 16 while discussing the EU exit as part of the CCG Update, Councillor Liz Richardson had been quoted in place of Councillor Liz Hardman.

With these comments and amendments in mind the Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

## 35 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen, addressed the Panel. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

### **Working together in B&NES, Swindon and Wiltshire (BSW) – CCG Merger Update**

NHS England and Improvement approved in principle our application to merge with Swindon and Wiltshire CCGs on 14 October 2019. This was following support from each CCG Board to merge, stakeholder engagement and communication, and a member practice vote.

The new CCG's vision will be: *Working together to empower people to lead their best life.*

We will achieve this by:

- Working more closely with partner organisations, so people experience services work in a more joined-up way; only have to tell their story once and receive care better tailored to their individual needs
- Developing a positive, inclusive, people-centred culture and making BSW CCG the best place to work

- Achieving value in everything we do and more efficient ways of working, so the growing demand for health and care services is affordable

The three CCG's Governing Bodies are currently meeting in common, but from 1 April 2020 there will be single a Governing Body for BSW CCG.

On 21 January 2020, following a member practice vote, Dr Andrew Girdher from Box Surgery was appointed the new GP Clinical Chair for BSW CCG. Locality Clinical Chairs (one for each locality) and locality GPs (one for B&NES and Swindon, and three for Wiltshire) will also join the Clinical Chair on the new BSW CCG Governing Body. Interviews for the secondary care specialist, registered nurse and lay member positions on the Governing Body take place from 29 January 2020.

### **Winter pressures impacting on urgent care services**

As has been the case elsewhere in the country, the extreme pressure that affected urgent care services in B&NES throughout the Christmas and New Year period has continued into January.

The CCG is committed to doing all it can to support colleagues working in acute and community services. We'd like to express our gratitude to those who have worked tirelessly to ensure that our local people are treated with the highest possible quality of care.

Along with colleagues from across health and care in Swindon and Wiltshire, BaNES CCG is part of a new taskforce that meets weekly to plan and implement quick actions to help reduce pressure across the system.

Some of the actions that have been taken so far include:

- Improved data sharing across the system that is enabling teams to quickly understand how providers are managing at any given time
- A continued drive for consistency in the urgent care offer across BSW CCGs
- Developing the Single Health Resilience Early Warning Database (SHREWD) in the BaNES system and Alamac in Swindon to ensure that system escalation actions are in line with trigger indicators , so that they are timely to support patient movement and discharges across health and care partners.

### **NHS England's new proposals for Primary Care Networks**

Nationally, GPs have levelled scathing criticism over NHS England's new proposals for Primary Care Networks (PCNs). The new specifications set out the expectation of PCNs in B&NES and across the country with regard to five national services, to be delivered from April 2020; enhanced care in care homes, structured medication reviews, anticipatory care, personalised care and early cancer diagnosis.

The Clinical Chairs for BaNES, Swindon and Wiltshire CCGs submitted a local response to the consultation and made a high level representation expressing their concerns on behalf of the BSW membership.

The consultation closed on 15 January 2020. Acknowledging the strength of opinion, NHSE England have indicated that they will be making changes to the next iteration of the PCN specifications that consider 'what can realistically be delivered' by PCNs.

The CCG agrees that these services are the right areas of focus and we are commencing discussions with our PCNs to explore local opportunities and solutions.

### **Release of Long Term Plan for BSW**

The BSW Partnership have published the draft Long Term Plan for BSW which sets out how health and care services across the region will be organised between now and 2024.

The priorities have been drawn up by health and care organisations from across BSW and include feedback gained from an extensive public engagement campaign carried out last summer.

The priorities set out to:

- Address the problems posed by an increasingly elderly population by **helping people to age well**, stay well at home and improve how community services can help them
- Help to improve the quality of life for people with **learning disabilities and autism** and their families by improving access to services
- Help to deliver the best **mental health** support for local people, regardless of personal circumstances, age or individual need

The full version of the plan will be available from March 2020.

### **Red Bag Scheme**

In 2017, BaNES CCG and B&NES Council piloted a new initiative where care home residents who need to visit hospital are accompanied by a distinctive red bag which contains all relevant medical information as well as their personal belongings.

Following the success of the pilot and in line with Swindon and Wiltshire's care homes being given red bags for residents, towards the end of 2019, this scheme was rolled out across all of B&NES. There are currently 150 red bags in circulation in B&NES.

The red bags will stay with residents for the duration of their hospital visit and contain specific admission and discharge checklists for medical staff to fill out. These lists help ensure that every member of the medical team receives exactly the same information, and nothing gets misplaced or miscommunicated on the way in or out of hospital.

Councillor Paul May asked if there was anything the Panel could do to help reinforce the opinions expressed by the Clinical Chairs of the BaNES, Swindon and Wiltshire CCGs in relation to Primary Care Networks.

Dr Orpen replied that in his opinion the more views that were received the better. He added that he had also spoken with local MPs on the matter.

Councillor May asked for the Panel to be provided with some relevant facts to support the views expressed.

The Chairman asked the Panel if they supported this course of action.

The Panel agreed with this proposal.

Councillor Liz Hardman commented that some residents had expressed concern that B&NES would be consumed within the BSW CCG.

Dr Orpen replied that he understood why members of the public had these concerns, but stated it was an opportunity to learn and share with other areas and work closely with other organisations, especially hospitals to understand relevant community themes.

Councillor Paul May asked whether financial information will be included when the BSW Long Term Plan is launched in March 2020.

Dr Orpen replied that it would.

The Chairman thanked Dr Orpen for the update on behalf of the Panel.

## **36 CABINET MEMBER UPDATE**

Councillor Rob Appleyard, Cabinet Member for Adult Services addressed the Panel. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

### **Community Resource Centres and Extra Care Support Services**

Following the decision by Sirona Care and Health last year to give notice on the contract to run these services, we have agreed that the best option to ensure continuity of high-quality care for residents and a smooth transition for staff, residents and tenants, is for the Council to become the direct operator of these services by September 2020. This news was shared with residents, tenants and staff last week. Detailed planning work for the transfer is being undertaken in partnership with Sirona.

### **Care co-ordination**

One of the key priorities that residents highlighted during the extensive Your Care Your Way engagement process was to ensure that the service response to care needs was better co-ordinated and so the creation of a care co-ordination centre was one of the key improvements that Virgin Care were commissioned to deliver. In

December, the Corporate Director and I visited the new centre that they have established at Peasedown St John and met some of the staff who have come together in one office and are now much better able to co-ordinate their responses, ensure prompt call handling and cross-cover for each other. I can see this helping residents and other professionals enormously in ensuring they receive a timely and joined up response when help is needed.

### **Domestic Violence & Abuse**

Panel members will have seen within the papers recently published on the budget proposals, that we are proposing to support the ongoing delivery of local services to support victims of domestic violence and abuse - £152,000 per year. This funding has been at risk with external funding sources coming to an end. The leader has agreed that these services will move into my portfolio as there is such a key link with safeguarding vulnerable adults, in addition to the important links with safeguarding children and community safety.

### **Outbreak of novel Coronavirus in China**

As you would expect, our Public Health team are keeping a watching brief on the progression of this outbreak. So far there are no known cases in the UK and the local risk is therefore currently considered to be very low. Any action needed in the UK will be led and co-ordinated by Public Health England, who provide advice and guidance to the public and local agencies as necessary in the event of any significant new development affecting the UK.

Bruce Laurence, Director of Public Health added that guidance relating to the virus was to be issued later today. He stated that 73 tests had been carried out in the UK and that so far all had been negative.

Councillor Liz Hardman said that she was concerned with the decision taken by Sirona to give notice on their contract.

Councillor Appleyard said that there would be an opportunity for the Panel to comment on this process at a future meeting.

Councillor Hardman commented that she was pleased to see support in the budget for the ongoing delivery of local services to support victims of domestic violence and abuse. She added that she was concerned to hear that a local day centre for people who have Alzheimer's Disease was to close.

The Corporate Director (People) replied that this decision had been taken nationally by the Alzheimer's Disease Society and that the Council was talking to the families involved.

The Chairman asked if the £152,000 mentioned for services relating to Domestic Violence & Abuse was greater than the previous budget or a reduction in service.

Bruce Laurence replied that the decision taken gives the Council a welcome initial platform whilst they continue to look at further sources of funding.

Kevin Burnett asked if B&NES schools were yet involved in Operation Encompass in relation to Domestic Violence & Abuse support.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she would seek a response for the Panel.

Councillor Kevin Guy, Cabinet Member for Children's Services addressed the Panel. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

### **Director changes**

Members of the panel may be aware that Margaret Simmons-Bird, Director for Education Transformation, retired at the end of December. With Jane Shayler having retired earlier in the year, some changes have been made to Director portfolios so that Lesley Hutchinson has taken on the role of Director of Adult Social Care, Complex and Specialist Commissioning and following an open recruitment process, Chris Wilford has been appointed as the Director for Education, Inclusion and Children's Safeguarding.

### **Ofsted Focused Visit on Care Leavers**

During November, 2 Ofsted inspectors came to undertake a focussed visit looking at our services to Care Leavers. They looked at case notes, spoke to social work staff and to care leavers themselves. The letter summarising their findings was published in December at <https://files.ofsted.gov.uk/v1/file/50135441>. It is hugely positive to see the recognition of the level of commitment to our young people throughout the organisation, but it is also heartening to see that inspectors found from talking to staff that morale is high and staff have ready access to supportive managers who know the young people well. We are never complacent and we will be building the latest findings into our improvement plan going forward.

### **Ministerial visit looking at social work recruitment/training**

On Friday 24<sup>th</sup> January we hosted a visit from Michelle Donelan, Under-Secretary of State for Children & Families, who was interested to hear about the various routes in to social work and particularly the work we are doing with the charity Frontline. This year for the first time we have a group of 4 Frontline trainees working with a consultant social worker, using a training model that Frontline have used successfully in other parts of the country.

Councillor Paul May said that both Margaret and Jane were exceptional officers and that whilst knowing the qualities of the officers appointed asked can the Panel be assured that the department is staffed adequately.

The Corporate Director (People) replied that the team of directors had been reduced by 4 roles and that relevant support structures were being looked at. He said that he was pleased with the appointments that had been made.

Councillor Liz Hardman said it was wonderful to see the positive comments from Ofsted in relation to Care Leavers and asked if the follow up action plan could be shared with the Panel.

The Corporate Director (People) replied that he would be happy to do so.

The Chairman thanked both Cabinet Members for their updates on behalf of the Panel.

## 37 MATERNITY SERVICE RECONFIGURATION UPDATE

Lucy Baker, Director of Service Delivery, BSW CCGs introduced this item to the Panel, a summary of her presentation is set out below.

### Future Vision

Our LMS vision is for all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence.

### Journey so far

- We began talking to women about their maternity experiences in 2017
- We have now worked with over 4,000 women and families, plus our staff and partner organisations
- Their feedback, together with national guidance such as 'Better Births', has led to these recommendations for future maternity services across the BSW region
- Partner organisations include Great Western Hospital Trust, Salisbury District Hospital, Royal United Hospital Bath, and B&NES, Swindon and Wiltshire CCGs

### Assurance process

- NHSE - 7 stages of assurance & 5 Key Tests for consultation
- Clinical Senate Review
- Independent Travel Impact Analysis by NHS South Central & West CSU
- Independent analysis of public consultation responses by Bath Centre for Healthcare Innovation and Improvement (CHI2) School of Management, University of Bath
- Independent Expert Panel Review

### Case for change

Current activity in relation to births across BSW were split between:

85% Obstetric Unit Births

6% Freestanding Midwifery Unit Births (provided by the RUH)

7% Alongside Midwifery Unit Births (GWH)

2% Home births

Complexity in obstetric care:

- Increase in complexity
- Impact of safety improvements
- Patient choice and expectation
- AMU provide opportunities for more women to access midwife led care
- Enables obstetric focus
- Decrease in transfer times

Benefits of midwifery led birth:

- Safe for mothers and babies
- Significantly fewer interventions No difference in caesarean birth rates between AMU and FMU
- Clinical evidence shows that a low risk woman birthing in an obstetric unit has a higher probability of an assisted birth

### **Staff experience and satisfaction**

- Low number of births in FMUs impacting on maintenance of clinical skills and confidence
- Reduced need for short notice redeployment of staff - Improved staff satisfaction
- Flexible workforce will help to support improvements in continuity of carer models
- Right staff, right place, right time
- Improved utilisations of staff resource
- Opportunity for enhanced multi-disciplinary working

### **Our consultation in numbers**

- 1,855 consultation responses over 15 weeks
- 662 face to face conversations
- 1,193 completed surveys were returned

### **Public Consultation - independent analysis**

- 66% strongly agreed/agreed with creation of AMU
- 70% strongly disagreed/ disagreed with closure of postnatal beds
- 59% strongly disagreed/ disagreed with reduction in FMU. 40% Strongly agreed or agreed

The team listened to feedback and as a result 4 post-natal beds will remain open for a further 12 months in Chippenham to allow further time to co-create new pathways with mums and families.

### **Consultation feedback themes**

- Improved infant feeding support. Particular focus on night time breast feeding support. More early identification of infant feeding issues and support
- Better screening and continuity of care for mental health both in pregnancy and postnatally
- People and staff to continue to be involved in co-design of community hubs and AMUs including parking provision at RUH
- More antenatal education for mums and families around choice of place of birth
- Development of clear information for mums and families
- Development of continuity of carer models that are co-created with mums and families
- Engagement work to understand potential location of community hubs

## **Decision Making Process**

### Steps taken

- Review of independent analysis from public consultation
- Assessment against original case for change
- Recommendation for change agreed by Acute Maternity Steering Group
- Independent Expert Panel added as additional assurance step

The Independent Expert Panel supported all Recommendations

### **Recommendations for change**

- Create an Alongside Midwifery Unit at the Royal United Hospital
- Continue to support births in two, rather than four, of the Freestanding Midwifery Units
- Enhance current provision of antenatal and post-natal care
- Create an Alongside Midwifery Unit at Salisbury District Hospital
- Improve and better promote the Home Birth service
- Replace the five community post-natal in Paulton FMU and the four community post-natal beds in Chippenham FMU with support closer to, or in women's homes

NB. Births would cease at Paulton and Trowbridge

### **Key Risks / Mitigation**

Risk: Capital funding for RUH AMU

- STP priority for securing national capital funding
- RUH Charity campaign to support funding requirements

Risk: Public opinion on recommendations for change

- Clear assurance process and governance
- Communication plan

Risk: Closure of FMUs before AMUs come on stream

- Average of 20 births per month across both Paulton and Trowbridge
- Robust capacity and demand modelling
- Full transition plan included in DMBC

### **Postnatal Care**

- All FMUs to retain ante-natal and post-natal care provision
- Clarity re offer of 24/7 support for mums following removal of post natal beds

- Co-creation of new integrated community hubs – pilot site go live in Salisbury Dec 2019
- Priority co-design for Paulton footprint – Continuity of carer pilot commenced in Paulton Dec 2019. New hub to be piloted from April 2020.

An open public event will be held in Paulton on February 6th to answer any further questions. *Post meeting note:* This was delayed to Feb 18th 2020 as we had no responses to invites.

Councillor Liz Hardman commented that in her opinion there will be less choice and access to services for women in B&NES following this decision, particularly those in the South East area of the Council.

She added that she felt that those who had responded to the consultation from Paulton had been ignored and said that the closure of the FMU had been opposed by the local midwifery union.

She further stated that the planned AMU at the RUH, that is proposed to replace the Paulton FMU, is not even at the planning stage and has no funding assigned to it. She called for an interim arrangement to be sought to plug the gap in provision.

Lucy Baker replied that it was important to remember that this decision is not about saving money and that it has not been taken lightly. She said that Paulton mums were not choosing to give birth in Paulton Hospital.

She added that she was confident of incoming funding in order to facilitate the changes proposed. She said that she was very aware of the feelings expressed during the consultation and that there is a commitment to work with local communities as the changes take place.

Dr Ian Orpen added that midwifery led births have always been an option for mums to choose at the RUH (albeit not as part of an Alongside or Freestanding Midwifery Unit) but he recognised the disappointment from some residents who might otherwise have used Paulton, but said these were very small numbers (average of 6 per month over the last 3 months).

He said that the enhancement in the overall service spanning from antenatal care through delivery to postnatal care and support will be significant following these changes. He added, from his personal experience of delivering babies, that if things should not go as planned during a birth then you do need the correct amount of support in place. He assured the Panel that this decision had been taken following a great deal of discussions and planning with a majority of clinicians present on all the respective CCG Governing Body.

The Chairman commented that he saw the proposals as transforming the service and that he acknowledged that potential parents were choosing hospitals with more available support because of a fear of possible transfer either during or after giving birth.

He asked where the 4 post-natal beds that will be retained for 12 months will be sited.

Lucy Baker replied that the beds will be in Chippenham.

Councillor Jess David said that she understood the rationale behind the decision but shared the concerns raised in relation to the potential 2-3 year gap in provision and asked if Paulton could be retained as an interim solution.

Lucy Baker replied that this had been considered as an option, but it was not the right decision to retain, in particular in terms of staffing. She added that there is a commitment to work with communities as the changes are implemented.

Councillor Ruth Malloy said that she welcomed the proposal of Community Hubs and asked if the facility in Paulton would be a new build or a conversion of the hospital.

Lucy Baker replied that part of Paulton Hospital would be transformed into the Community Hub and appropriate modifications made codesigned with local mums.

Councillor Malloy asked would it be possible to reverse these actions if trends change.

Lucy Baker replied that as part of the programme, five and ten year growth and previous birth choices had been mapped. She added that the thoughts of mums will continue to be listened to.

Councillor Paul May said that Paulton Hospital serves North East Somerset very effectively and that he understood the concerns raised and would support moves to retain it if possible.

Councillor Liz Hardman proposed the following recommendations;

This Panel:

- 2.1 Notes the update and next steps;
- 2.2 Notes that the proposed Alongside Midwifery Unit (AMU) at the Royal United Hospital in Bath does not yet have capital funding and, even if the funding is secured, this unit will not be open until 2022/2023;
- 2.3 Expresses its regret that, once Paulton Maternity Unit has closed in April 2020, for a period of at least two and potentially more than three years there will be no midwife-led unit within Bath and North East Somerset;
- 2.4 Asks that the BSW Governing Body reconsiders its decision to close Paulton Maternity Unit in light of this; and
- 2.5 Refers this matter to Full Council for its consideration.

Councillor Paul May seconded the proposal.

The Chairman said that he would not support these recommendations.

Dr Ian Orpen stated that an in depth conversation took place at the BSW Governing Body meeting on January 16<sup>th</sup> and that the proposals were supported by all three governing bodies. He explained that the decision was neither political nor financial.

He pointed out that he had chaired the governing body meeting in common last week where, after a lengthy and thorough debate, the decision was made unanimously to support all 6 recommendations by each of the 3 governing bodies. The likelihood of such a decisive outcome being overturned in such circumstances was negligible in his opinion. He also reminded the Panel that these proposals had been to a joint Health Overview & Scrutiny meeting of the B&NES, Swindon and Wiltshire councils where the recommendations had been agreed to with some comments in a variety of places to strengthen a few aspects.

Councillor Rob Appleyard questioned the powers that a meeting of the Council committee could have in light of the above.

Councillor Michelle O'Doherty said that Council may wish to comment on the proposals and may wish to express their collective regret on some aspects of the changes.

Councillor Ruth Malloy proposed an amendment that recommendation 2.4 be removed as the BSW Governing Body had already made its decision.

The Chairman seconded this amendment.

Councillor Hardman accepted this amendment.

The Chairman asked the Panel to vote on recommendations 2.1, 2.2, 2.3 and 2.5 as originally proposed by Councillor Hardman.

The Panel voted 7 in favour, 1 against and **RESOLVED** to:

- (i) Notes the update and next steps;
- (ii) Notes that the proposed Alongside Midwifery Unit (AMU) at the Royal United Hospital in Bath does not yet have capital funding and, even if the funding is secured, this unit will not be open until 2022/2023;
- (iii) Expresses its regret that, once Paulton Maternity Unit has closed in April 2020, for a period of at least two and potentially more than three years there will be no midwife-led unit within Bath and North East Somerset;
- (iv) Refers this matter to Full Council for its consideration.

## **38 DRAFT CORPORATE STRATEGY**

The Director for Partnership & Corporate Services introduced this item to the Panel. He explained that the draft strategy had been launched in December 2019 and had been discussed by the Council's two other Policy Development & Scrutiny Panels earlier in the month. He stated that the document sets out the Council's core purpose, policy focus and key commitments as well as describing the organisation's approach to monitoring performance and managing its budget.

He added that Councillors have also been invited to attend the Corporate Policy Development & Scrutiny Panel on February 3<sup>rd</sup> where the Draft Budget will be discussed in more detail.

He highlighted the following area within the draft strategy.

## OUR FRAMEWORK

ONE: We have **one** overriding purpose – to improve people’s lives. This might sound simple but it brings together everything we do, from cleaning the streets to caring for our older people. It is the foundation for our strategy and we will ensure that it drives our commitments, spending and service delivery.

TWO: We have **two** core policies – **tackling the climate and nature emergency and giving people a bigger say**. These will shape **everything** we do.

THREE: To translate our purpose into commitments, we have identified **three** principles. We want to **prepare for the future, deliver for local residents and focus on prevention**.

Councillor Liz Hardman said that she felt it was difficult to comment on the draft strategy without any budget figures attached to it and called for the budget to return to the agenda of all Panels to discuss their remits separately in future years. She queried how the Council will *‘Re-shape the way we work with children, young people and families in order to reduce demand for high cost, specialist children’s social care placements’*.

Councillor Andrew Wait commented that he quite liked the draft of the strategy and its focussed approach. He said that he would welcome further information on the Community Engagement Charter and stated that he would like to see more reports referencing the Parish Charter in the future as this was an area the Council could improve upon.

Councillor Paul May suggested the Parishes be surveyed to gain their feedback on the Charter.

Kevin Burnett offered a note of caution by saying that not all people’s lives will necessarily be improved by increasing the use of new technology. He welcomed the draft strategies approach to improving the inequalities in life experience, including education, employment and health outcomes for local residents.

The Chairman said that he felt the draft strategy was very headline in its approach and offered nothing new in terms of ideas from the previous administration. He called for further explanation of the Council’s workings alongside WECA as he personally was yet to see any advantages.

He added that he would be interested to see how Citizens’ Juries will improve decision-making.

Councillor Jess David commented that she would have liked to have seen more detail relating to the section of the draft strategy in terms of prevention.

The Corporate Director for People replied that details of new initiatives will be brought to the Panel over time.

The Director for Partnership & Corporate Services informed the Panel that the delivery plan is set out within the draft budget papers.

The Panel **RESOLVED** to note the next steps for the Corporate Strategy.

### **39 FOOD POVERTY ACTION PLAN**

Jane Middleton addressed the Panel. A copy of the statement can be found on the Panel's Minute Book, a summary is set out below.

You may remember I brought the idea for a food poverty action plan to the Council meeting in May 2019. So I'm really pleased to see this work being done. And I'm pleased that the report has used the work by Sustain as the basis for some of its research.

All the research makes clear that the main driver of food bank use is welfare policy, especially Universal Credit. This is significant, because we need to remember that the problem is not food shortages; it's lack of income, whether from benefits or from work.

The key aim of the food poverty action plan must be to try to ensure that people don't need that food aid in the first place. Unlike charities, the Council can tackle some of the structural causes of food poverty – for example, make sure that the welfare support scheme provides appropriate tailored support rather than just handing out food bank vouchers.

On the specifics of the report, first of all:

Point 3.6 concerns data collection to assess 'the prevalence and risk of food poverty'. I would strongly urge you to engage with academics on this (either at the University of Bath or elsewhere), in order to arrive at a rigorous, independent assessment of the scale of the problem. There are academics who have carried out this kind of study, and councils who have worked with them, so it shouldn't be difficult to set that up.

Point 4.7 lists the specific objects of the food poverty action plan. It is, in parts, quite vague – in particular, the point: 'To develop a food poverty action plan for B&NES with a focus on preventative activity'. I would suggest replacing this with the wording: 'To prepare and deliver a formal food poverty action plan to identify barriers to accessing affordable and nutritious food and actions to address them'

I would also like to see the following objectives included:

- 'To reduce residents' dependency on charitable food aid';
- 'To maximise access to local welfare provision and discretionary funds (such as Discretionary Housing Payments and Council Tax Support) and 'ensure maximum uptake of other entitlements (such as free school meals)';
- 'To take measures to avoid means of support that people find stigmatising, e.g. food vouchers'.

In this way, the emphasis is on council action and, while it's important that the council should support the work of local charities, the main intention should be to take preventive action so people don't have to rely on charity in the first place.

The Public Health Consultant introduced the report to the Panel. She explained that the report was in response to the Council passing a motion on Food Poverty on 11th July 2019 requesting:

- The Children, Health & Wellbeing Policy Development and Scrutiny Panel to work with local organisations and develop recommendations for a Food Poverty Action Plan for Bath and North East Somerset; and
- That the Cabinet investigate refreshing the Local Food Strategy for Bath and North East Somerset.

She explained that food poverty is about the affordability and accessibility of a healthy diet. Affordability is tied to household income and the demands on household finances including housing and fuel costs and other costs such as childcare, as well as a lack of savings. Accessibility is about other factors combined with affordability that act as barriers to healthy eating such as local food provision, transport, food storage and preparation facilities, time and skills to prepare healthy meals and prioritisation of convenient, energy dense, low wastage foods when living on a tight budget.

She said it is important to use a range of local data to assess prevalence and risk of food poverty. At a B&NES population level we have begun by including two questions in the resident Voicebox survey carried out late 2019. We will need to explore in more depth how to embed data collection on this issue more systematically through frontline services and via other partner organisations going forward.

She stated that within some areas of B&NES inequality is widening however and deprivation remains significant. Two small areas in B&NES are within the 10% most deprived in the country. The two areas are Whiteway and Twerton West representing 3,061 people (mid 2018 estimates).

She said that demand for welfare support services locally has increased in recent years. The type of support requested has shifted and is now predominantly linked to food poverty. She added that of the total number of Welfare Support awards/referrals made in 2018, 79% were food related i.e. provision of shopping vouchers, help with purchasing cooking equipment/fridges etc. and referrals to foodbanks. This is an increase from 2014 when 61% of awards/referrals were food related. The specific increase in the award of shopping vouchers and food bank referrals is notable from 2016 onwards. B&NES Council moved to Universal Credit full service on 26th May 2016. The B&NES budget for welfare support awards in 2019 was £190,000.

The Public Health Development & Commissioning Manager said that there was a fair amount of work still to do in terms of data gathering and that there is a need to understand resident's personal scenarios in more detail.

She explained that a small amount of funding had been identified by the Public Health Team to employ a 0.6FTE Health Improvement Officer-Food Poverty fixed term for 18 months. The total cost of the post including salary, pension and national insurance will be £39,492.

She stated that in terms of prevention the types of actions local authorities can take include;

- Supporting financial and debt advice services and ensuring they are accessible to people experiencing food poverty
- Maximising access to local welfare provision and discretionary funds
- Ensuring maximum uptake of entitlements e.g. free school meals, healthy start vouchers, free childcare
- Ensuring people can earn a fair income and championing the living wage across contractors and local employers including social care, retail and hospitality

She added that in terms of emergency food aid or more immediate provision local authority actions could include;

- Fostering greater co-operation and co-ordination, sharing of knowledge, skills and resources across assistance providers
- Seeking to improve the nutritional value of emergency food aid
- Maximising opportunities to deliver other beneficial services to users e.g. financial advice, employment skills training or peer support

She said that in terms of taking a wider longer-term approach, actions that local authorities can take include;

- Mainstreaming the reduction of food inequalities across a range of strategies and plans
- Measuring and monitoring food poverty at a local level
- Action to reduce levels of failed tenancies

She explained that the overall aim of this activity is to work with local stakeholders and communities to identify and embed sustainable solutions to addressing food poverty in B&NES, thereby reducing the numbers of people living in food insecure households. Specific objectives of the work to include;

- To set up a local steering group to scope out, direct and monitor activity
- To carry out a needs assessment to better understand the scale of the issue locally, who is affected and where there may be gaps in services and/or support
- To work collaboratively with local stakeholders and communities to identify local sustainable solutions to address household food insecurity
- To develop a food poverty action plan for B&NES with a focus on preventative activity
- To oversee implementation of the action plan through local partnerships

The Chairman commented that this was a significant problem that has been locally acknowledged and urged all members to engage in measures of prevention.

Councillor Paul May said that he was proud of the officers' work so far and that he welcomed the emphasis the current administration were placing on this issue.

Councillor Liz Hardman said that she agreed with the comments made and welcomed the proposed dates associated with the action plan.

Councillor Andrew Wait wished to add his support to the project. He did say however that additional data in the report relating to Keynsham would have been welcome. He added that a Community Fridge was close to opening in Keynsham and he could provide officers with contacts if they would like.

The Public Health Development & Commissioning Manager thanked the Councillors for their comments and said that people have been supportive so far, in terms of ideas / projects to pursue.

Councillor Jess David said that she supported the work, especially in terms of prevention. She also wanted to raise the issue of food for young people in school holidays and whether all schools were able to provide hot meals. She added that she was keen to also see the future work on the Local Food Strategy for B&NES.

Kevin Burnett suggested officers consider adding the local Chamber of Commerce to its stakeholder list.

The Chairman announced that Councillor Ruth Malloy and Councillor Liz Hardman had volunteered to sit on the steering group of the project. He suggested that officers use the function of the Cabinet Member Update to keep the Panel informed of progress.

#### **40 CARE AND SUPPORT CHARGING AND FINANCIAL ASSESSMENT FRAMEWORK**

Lara Varga made a statement to the Panel. A copy of the statement can be found on the Panel's Minute Book, a summary is set out below.

The Equality Impact Assessment is inadequate. It's required by law. Quite frankly it needs re-viewing, and seems to be the work of people who know little about Equality and Diversity issues. For example, (just one of several issues ) no extra issues have been identified for women under these new charges under the heading 'Examples of what the service has done to promote equality'.

If we refer to the United Nations Special Rapporteur report (November 2018) on Extreme Poverty in the UK, under the heading : 'The Hardest Hit', it says that:

"The costs of austerity have fallen disproportionately upon the poor, women, racial and ethnic minorities, children, single parents, and people with disabilities. The changes to taxes and benefits since 2010 have been highly regressive, and the policies have taken the highest toll on those least able to bear it. The government says everyone's hard work has paid off, but according to the Equalities and Human Rights Commission, while the bottom 20% of earners will have lost on average 10% of their income by 2021/22 as a result of these changes, top earners have actually come out ahead.

According to 2017 research by the Runnymede Trust and Women's Budget Group, as a result of changes to taxes, benefits, and public spending from 2010 through 2020, Black and Asian households in the lowest fifth of incomes will experience largest average drop in living standards, about 20%".

These figures are only set to worsen under this current Conservative government. Disabled women, are hardest hit, for example by period poverty now reaching epidemic numbers across the UK within the poorest low income groups.

I had requested to view the Equality Impact Assessment written report back in December 2019, at a meeting with Anne Marie Strong and was told there wasn't one, because the council plans to do an internal "ghost" try out of the new system this February. NOW I finally see there is an Equality Impact Assessment, it states that some service users will be adversely affected, but the only mitigation offered is that 'Cases of individual hardship can be considered on a case by case basis'.  
i.e only the very articulate can have their needs met with such a set-up.

I am very concerned many vulnerable people may decline a needed service because of increased costs, including myself at this time. I have also said many times this whole consultation appears to be focused more on Seniors with care needs and not Disabled people, who are disabled for life with chronic and challenging life-long conditions.

The Risk Register Lite (graph) ( appendix 4) makes it clear that there will be 2 high risks and 2 medium risks, the response written to these also seems inadequate and will incur extra staff costs. What are your opinions on the two high risk sections?

I have written and presented a report at two prior meetings with Anne Marie challenging many of the assumptions in the Consultation process and questions, and am yet to have a detailed response to me or my questions, or even a time line as to when Lesley plans to read my report and reply with the professionalism, I am due as a Disabled Citizen, covered under UK Human rights (Disability) equality law.

Councillor Liz Hardman said that she was sorry to hear of her concerns and suggested officers discuss the issues raised further with her. She added that she had been to consultation meetings on this matter and endorsed the framework.

The Director of Adult Social Care, Complex and Specialist Commissioning thanked Lara for her comments and highlighted that following the level of concern expressed regarding the two-week time period for the service user or their nominated representative to make contact with the care finance officer the proposal is to extend this timeframe to four weeks.

She explained that during the consultation period 21 face to face events were held and that the rationale for the decisions proposed have been explained. She added that with regard to the EIA, the Council's Equalities Team has been fully involved and we will commit to looking at Lara's comments.

The Chairman asked for further information relating to Proposal 4 in terms of *"the Council will also carry out a basic financial assessment on the proposed third party*

*to ensure the required payment is affordable'* as he was aware this had been raised during the consultation.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that there were a small number of people who felt it was an infringement of their rights, however the decision to agree to a third-party payment is optional and therefore any person who did not wish to provide financial information would not have to do so.

In respect of Proposal 3, Kevin Burnett asked whether the Council were able to make sure individuals receive any benefit that they are entitled to rather than simply take it into account.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that the Council will review the information already available to support people and develop a guidance document explaining what the person or their representative needs to do to make an application for the designated benefit.

Councillor Ruth Malloy asked officers to consider rewording section 6.3 of their report to provide clarity.

The Senior Lawyer replied that she would look at the wording.

The Panel **RESOLVED** to:

- (i) Endorse the proposed Care and Support Charging and Financial Assessment Framework amended after consideration of the feedback from the public consultation.
- (ii) Endorse the updated Direct Payment Policy amended after consideration of the feedback from the public consultation.

## **41 PEOPLE AND COMMUNITIES STRATEGIC DIRECTOR'S BRIEFING**

The Corporate Director (People) addressed the Panel, a summary is set out below.

### **Adoption West scrutiny arrangements**

Following the establishment of Adoption West, a provider of adoption services owned jointly by 6 local authorities, a joint scrutiny arrangement is being developed with representation from each area. A terms of reference is being drafted and the intention is that an annual report would be provided to this panel.

### **Music Service**

We are continuing to explore with neighbouring Councils and with the Arts Council (who are the main funder) how to ensure that we have a sustainable future service model for this key service which enables local children and young people to enjoy a range of music tuition and experiences. Further updates will be shared once a way forward has become clear.

**Youth Justice Plan update & Education Results Provisional analysis**

Briefings have been circulated separately for panel members on these topics, for information. Any questions can be directed back to the authors and/or requested for a future meeting agenda.

The Chairman thanked him for the update on behalf of the Panel.

**42 PANEL WORKPLAN**

Councillor Liz Hardman asked for the subjects of the Community Resource Centres and Extra Care Support Services and School Attainment Project to be added to the workplan.

The Corporate Director (People) commented the Panel had earlier agreed to receive a report from independent commissioners relating to VirginCare.

Councillor Hardman suggested that the report covers the issues raised by Pam Richards and contract governance.

The Panel agreed with these proposals.

The meeting ended at 1.25pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

## **Report for the Children, Health and Wellbeing Policy Development and Scrutiny Panel on Tuesday 1 October 2019**

### **1. Working together in B&NES, Swindon and Wiltshire (BSW) – CCG Merger Update**

NHS England and Improvement approved in principle our application to merge with Swindon and Wiltshire CCGs on 14 October 2019. This was following support from each CCG Board to merge, stakeholder engagement and communication, and a member practice vote.

The new CCG's vision will be: *Working together to empower people to lead their best life.*

We will achieve this by:

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

The three CCG's Governing Bodies are currently meeting in common, but from 1 April 2020 there will be single a Governing Body for BSW CCG.

On 21 January 2020, following a member practice vote, Dr Andrew Girdher from Box Surgery was appointed the new GP Clinical Chair for BSW CCG. Locality Clinical Chairs (one for each locality) and locality GPs (one for B&NES and Swindon, and three for Wiltshire) will also join the Clinical Chair on the new BSW CCG Governing Body. Interviews the secondary care specialist, registered nurse and lay member positions on the Governing Body take place from 29 January 2020.

For more information about the BSW CCG merger, please see Appendix A.

### **2. BSW CCG Executive Team Body Appointments**

David Freeman has taken on the role of Interim Chief Operating Officer for the Swindon locality as a secondment. Elizabeth Disney will take on the role of Chief Operating Officer for the Wiltshire locality on Monday 2 March 2020.

Richard Smale will join the CCG from April 2020 as the Director of Strategy and Transformation. Richard is currently the Director of Transformation at South Central and West Commissioning Support Unit (SCW CSU).

### **3. Winter pressures impacting on urgent care services**

As has been the case elsewhere in the country, the extreme pressure that affected urgent care services in B&NES throughout the Christmas and New Year period has continued into January.

The CCG is committed to doing all it can to support colleagues working in acute and community services. We'd like to express our gratitude to those who have worked tirelessly to ensure that our local people are treated with the highest possible quality of care.

Along with colleagues from across health and care in Swindon and Wiltshire, BaNES CCG is part of a new taskforce that meets weekly to plan and implement quick actions to help reduce pressure across the system.

Some of the actions that have been taken so far include:

- Improved data sharing across the system that is enabling teams to quickly understand how providers are managing at any given time
- A continued drive for consistency in the urgent care offer across BSW CCGs
- Developing the Single Health Resilience Early Warning Database (SHREWD) in the BaNES system and Alamac in Swindon to ensure that system escalation actions are in line with trigger indicators, so that they are timely to support patient movement and discharges across health and care partners.

### **4. NHS England's new proposals for Primary Care Networks**

Nationally, GPs have levelled scathing criticism over NHS England's new proposals for Primary Care Networks (PCNs). The new specifications set out the expectation of PCNs in B&NES and across the country with regard to five national services, to be delivered from April 2020; enhanced care in care homes, structured medication reviews, anticipatory care, personalised care and early cancer diagnosis.

The Clinical Chairs for BaNES, Swindon and Wiltshire CCGs submitted a local response to the consultation and made a high level representation expressing their concerns on behalf of the BSW membership.

The consultation closed on 15 January 2020. Acknowledging the strength of opinion, NHSE England have indicated that they will be making changes to the next iteration of the PCN specifications that consider 'what can realistically be delivered' by PCNs.

The CCG agrees that these services are the right areas of focus and we are commencing discussions with our PCNs to explore local opportunities and solutions.

## 5. Proposal to transform local maternity services is approved

On 16 January 2020, the joint Governing Bodies of BSW CCGs approved a proposal to improve and modernise maternity services across the region, which includes:

1. Creating an Alongside Midwifery Unit at the Royal United Hospital in Bath.
2. Continuing to support births in two, not four Freestanding Midwifery Units. This would mean births ceasing in Paulton.
3. Replacing the five community postnatal beds in Paulton with support closer to, or in women's homes.
4. Enhancing current provision of antenatal and postnatal care.

The decision follows a three-year period of engagement and consultation with more than 4,000 mothers, families, staff and partners in the community to develop a new vision for maternity services, proposals for change and final recommendations.

The proposal was developed to better meet the needs and choices of women and families across the whole of BSW. These changes will mean more equal access to choice for women about where to have their babies, a more effective use of resources, a better supported homebirth service and enhanced antenatal and postnatal care.

We will continue to share information, which will include proposed timeframes for changes to services, on the Transforming Maternity Services Together website:

[www.transformingmaternity.org.uk](http://www.transformingmaternity.org.uk)

## 6. Release of Long Term Plan for BSW

The BSW Partnership have published the draft Long Term Plan for BSW which sets out how health and care services across the region will be organised between now and 2024.

The priorities have been drawn up by health and care organisations from across BSW and include feedback gained from an extensive public engagement campaign carried out last summer.

The priorities set out to:

- Address the problems posed by an increasingly elderly population by **helping people to age well**, stay well at home and improve how community services can help them
- Help to improve the quality of life for people with **learning disabilities and autism** and their families by improving access to services
- Help to deliver the best **mental health** support for local people, regardless of personal circumstances, age or individual need

The full version of the plan will be available from March 2020.

## 7. EU Exit Update

Following the Government stepping down their preparations for a no deal agreement, NHS England and Improvement's regional EU Exit teams have been stood down and situation reporting has ceased.

From 31st Jan - 31st Dec 2020, there is an implementation period where the UK will follow rules as if we are a member of EU but as of 1st Jan 2021, this will cease.

Through 2019, health and care organisation from across BSW prepared for the possibility of a no deal EU Exit. We will ensure that the corporate memory gained during this period is retained.

## 8. Therapy Led Pilot Scheme

Therapy led beds offer rehabilitation for people who don't require direct medical care but do need support from physiotherapists and occupational therapists to aid their recovery while they prepare to return home.

The Sulis ward at St Martins Hospital has capacity for up to 31 patients, but due to a national shortage of nurses, has only been able to staff 24 beds safely since the summer of 2019. The Sulis ward's beds are now as follows:

- 8 rehabilitation beds for people who have suffered a stroke and cannot be discharged home from the RUH with the community stroke service
- 10 step down medical beds for people transferred from the RUH who need on-going support and rehabilitation that cannot be delivered at home
- 6 beds are therapy led beds (pilot)

The therapy led beds pilot scheme at St Martins, which is being led by Virgin Care, will help us to see the effectiveness of this type of reablement model to inform our commissioning approach for beds in B&NES in the future

## 9. Red Bag Scheme

In 2017, BaNES CCG and B&NES Council piloted a new initiative where care home residents who need to visit hospital are accompanied by a distinctive red bag which contains all relevant medical information as well as their personal belongings.

Following the success of the pilot and in line with Swindon and Wiltshire's care homes being given red bags for residents, towards the end of 2019, this scheme was rolled out across all of B&NES. There are currently 150 red bags in circulation in B&NES.

The red bags will stay with residents for the duration of their hospital visit and contain specific admission and discharge checklists for medical staff to fill out. These lists help ensure that every member of the medical team receives exactly the same information, and nothing gets misplaced or miscommunicated on the way in or out of hospital.

## **Children, Adults, Health and Wellbeing Policy Development & Scrutiny Committee**

**28 January 2020**

### **Cabinet Members' Briefings**

**Cllr Appleyard**

#### **Community Resource Centres and Extra Care Support Services**

Following the decision by Sirona Care and Health last year to give notice on the contract to run these services, we have agreed that the best option to ensure continuity of high-quality care for residents and a smooth transition for staff, residents and tenants, is for the Council to become the direct operator of these services by September 2020. This news was shared with residents, tenants and staff last week. Detailed planning work for the transfer is being undertaken in partnership with Sirona.

#### **Care co-ordination**

One of the key priorities that residents highlighted during the extensive Your Care Your Way engagement process was to ensure that the service response to care needs was better co-ordinated and so the creation of a care co-ordination centre was one of the key improvements that Virgin Care were commissioned to deliver. In December, the Corporate Director and I visited the new centre that they have established at Peasedown St John and met some of the staff who have come together in one office and are now much better able to co-ordinate their responses, ensure prompt call handling and cross-cover for each other. I can see this helping residents and other professionals enormously in ensuring they receive a timely and joined up response when help is needed.

#### **Domestic Violence & Abuse**

Panel members will have seen within the papers recently published on the budget proposals, that we are proposing to support the ongoing delivery of local services to support victims of domestic violence and abuse. This funding has been at risk with external funding sources coming to an end. The leader has agreed that these services will move into my portfolio as there is such a key link with safeguarding vulnerable adults, in addition to the important links with safeguarding children and community safety.

#### **Outbreak of novel Coronavirus in China**

As you would expect, our Public Health team are keeping a watching brief on the progression of this outbreak. So far there are no known cases in the UK and the local risk is therefore currently considered to be very low. Any action needed in the UK will be led and co-ordinated by Public Health England, who provide advice and guidance to the public and local agencies as necessary in the event of any significant new development affecting the UK.

## **Cllr Guy**

### **Director changes**

Members of the panel may be aware that Margaret Simmons-Bird, Director for Education Transformation, retired at the end of December. With Jane Shayler having retired earlier in the year, some changes have been made to Director portfolios so that Lesley Hutchinson has taken on the role of Director of Adult Social Care, Specialist and Targeted Commissioning and following an open recruitment process, Chris Wilford has been appointed as the Director for Education, Inclusion and Children's Safeguarding.

### **Ofsted Focused Visit on Care Leavers**

During November, 2 Ofsted inspectors came to undertake a focussed visit looking at our services to Care Leavers. They looked at case notes, spoke to social work staff and to care leavers themselves. The letter summarising their findings was published in December at <https://files.ofsted.gov.uk/v1/file/50135441>. It is hugely positive to see the recognition of the level of commitment to our young people throughout the organisation, but it is also heartening to see that inspectors found from talking to staff that morale is high and staff have ready access to supportive managers who know the young people well. We are never complacent and we will be building the latest findings into our improvement plan going forward.

### **Ministerial visit looking at social work recruitment/training**

On Friday 24<sup>th</sup> January we hosted a visit from Michelle Donelan, Under-Secretary of State for Children & Families, who was interested to hear about the various routes in to social work and particularly the work we are doing with the charity Frontline. This year for the first time we have a group of 4 Frontline trainees working with a consultant social worker, using a training model that Frontline have used successfully in other parts of the country.