Bath & North East Somerset Council

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Date: **Tuesday, 10th March, 2020**
Time: **10.00 am**
Venue: **Kaposvar Room - Guildhall, Bath**

Councillors: Vic Pritchard, Michelle O'Doherty, Jess David, Ruth Malloy, Bharat Pankhania, Mark Roper, Andy Wait, Paul May and Liz Hardman

Co-opted Voting Members: David Williams

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

Please note there will be a pre-meeting for Panel Members only from 9.30am.

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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 Guildhall - Bath.

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.

3. **Recording at Meetings**:-

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

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Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Tuesday, 10th March, 2020

at 10.00 am in the Kaposvar Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

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. Members are asked to indicate:

   (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 CHAIRMAN

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

   At the time of publication no notifications had been received.

7. MINUTES - 28TH JANUARY 2020 (Pages 7 - 28)

8. CABINET MEMBER UPDATE

The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

9. CCG UPDATE

The Panel will receive an update from the Clinical Commissioning Group (CCG) on current issues.

10. VIRGIN CARE - INDEPENDENT COMMISSIONERS PERFORMANCE REPORT (Pages 29 - 96)

The purpose of the report is to give an overview of the Virgin Care contract; Virgin Cares performance against national and local standards and also key performance indicators, and, the governance arrangements in place to ensure these are delivered.

11. EXPLOITATION OF CHILDREN & ADULTS (Pages 97 - 106)

The paper seeks to assure the Panel that relevant policies, procedures and strategies recognise and address exploitation and furthermore sets out examples of the services and programmes commissioned to support children, young people and adults with care and support needs.

12. UNREGULATED PLACEMENTS (Pages 107 - 112)

The Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel have asked for a report on the use of unregulated placements within B&NES.

13. PEOPLE AND COMMUNITIES STRATEGIC DIRECTOR'S BRIEFING

The Panel will receive a verbal update on this item from the People and Communities Strategic Director.

14. PANEL WORKPLAN (Pages 113 - 114)

This report presents the latest workplan for the Panel. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Panel's Chair and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk , 01225 394458

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 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 24th 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 supported 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 16th 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 3rd 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

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	**Children, Adults, Health and Wellbeing Policy Development & Scrutiny Panel**	
MEETING/ DECISION DATE:	**10th March 2020**	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	**Virgin Care Commissioner Report**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Annex 1 B&NES ASCOF Report 2018-19 Annex 2 Excerpts of B&NES Virgin Care Performance Reports Annex 3 Examples Excerpt from the Performance Scorecard Feb 2020 Annex 4 Principal Social Work Role Annex 5 Audit tool example: Combined Assessment Care Planning Audit Tool		

1 THE ISSUE

1.1 Children, Health and Wellbeing Policy Development and Scrutiny Panel have asked for a report from the Council and Clinical Commissioning Group about the performance of the Virgin Care contract.

1.2 The purpose of the report is to give an overview of the Virgin Care contract; Virgin Cares performance against national and local standards and also key performance indicators, and, the governance arrangements in place to ensure these are delivered.

2 RECOMMENDATION

The Panel / Committee is asked to;

2.1 Note the report and agree the outline for future reports to the Panel

2.2 Highlight areas of concern which the Panel require further information and assurance on.

3 THE REPORT

3.1 The report provides details of the contract award; the governance of the contract; qualitative and quantative performance and activity and also the financial overview of the Council and Clinical Commissioning Groups contract with Virgin Care.

3.2 It also provides legacy information through a brief history of *Your Care Your Way* and Council/Clinical Commissioning Groups contracting context to understand the journey so far.

4 STATUTORY CONSIDERATIONS

4.1 The report sets out the statutory responsibilities the Council and Clinical Commissioning Group have delegated to Virgin Care as part of contract and how these are monitored to provide assurance that they are delivered.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The report sets out the financial value of the contract and the spend each year; it sets out Virgin Cares financial position in relation to the contract value. In addition, the report provides information on Virgin Cares workforce highlighting the number of full time equivalent staff and the current vacancies.

6 RISK MANAGEMENT

6.1 During the Contract, Quality Performance Management meetings with Virgin Care there is a routine item on risk assessment, this include local and Corporate risks. The Council and Clinical Commissioning Group also routinely discuss risks associated with the contract as required.

7 CLIMATE CHANGE

7.1 The Council has declared a climate emergency and has resolved to enable carbon neutrality in B&NES by 2030. Virgin Care as part of the transformation of service are putting in place mechanisms to reduce the impact of climate change such as, mobile working, integrated care record, multi-disciplinary teams and multi—agency hubs.

8 OTHER OPTIONS CONSIDERED

8.1 N/A

9 CONSULTATION

9.1 *Your Care Your Way* and the priorities set out in the report were developed from extensive consultation with the community. This report has been written with information provided from Virgin Care via the outlined governance arrangements and from Officers working as part of the Integrated Commissioning teams from the Clinical Commissioning Group and the Council.

Virgin Care Commissioner Report

1. Introduction

The report sets out an overview of the Virgin Care contract and the governance arrangements. A brief history sets the context and contract award. Performance information is provided with explanations on some performance indicators however in addition the overall national indicator information is provided. NHS information is provided routinely in the public domain via the Clinical Commissioning Group, through the integrated quality performance report which has focussed on social care information as well.

Virgin Care are one of a number of agencies providing adult social care and health services to individuals. An overview of the sector can be provided at a later stage.

2. Background and Overview of the Virgin Care Contract

2.1 Brief History of Your Care Your Way Commissioning Review

Between January and December 2015, BaNES Clinical Commissioning Group (CCG) and B&NES Council carried out a review of community heath and care services for children, young people and adults. The review, known as *Your Care, Your Way*, looked at the wide range of services providing care and support in people's homes and communities. Integral to this was the experiences of people using these services.

A design workshop in May 2015 brought together over a hundred service users, carers, health and care professionals, GP's and third sector organisations to think creatively about delivery of services in a more joined up way. A workforce survey in July 2015 provided further evidence of the strengths and weaknesses of the system. Formal public consultation was carried out in the autumn of 2015 which set out a vision for community services; this included four potential service models and fourteen priorities for improvement. The top five priorities identified through the engagement process with our residents were:

1. A person not a condition
2. A single plan
3. Invest in the workforce
4. Join up the information
5. Focus on prevention

Over 200 different community services were within the scope of the *Your Care, Your Way* review which were provided by over 60 different organisations. The commissioning and contract management of these services were the time of the review all carried out by the CCG and Council.

Following the identification of the priorities of our local population, a new approach to contracting community services was identified as being required. A detailed assessment was undertaken and legal guidance sought; this resulted in the 'prime provider model'

being chosen as the best contracting method for delivering the community's priorities. Under this model, the CCG and Council would enter into a contract with a single prime provider and this organisation would have responsibility for the delivery and coordination of services, they would also have sub-contracting responsibility for some specialist, third sector provider and small and medium-sized enterprises (SME's).

In addition to the five priorities (listed above) identified through public consultation the following three areas also formed part of the assessment used during the procurement:

1. Social value
2. Value for money and affordability
3. Delivering transformational change

The driver for change to a prime provider model was taken based on the challenges faced by the local health and social care system, which continue, with an aging population; more people living with long term conditions resulting in the demand for health and social care services growing. Alongside this, aspirations and needs of the community were changing as people articulated that they expected more personalised services, services being more joined up and more choice and control over how their individual needs were met.

2.2 Contract Award

A procurement process was undertaken to identify the best possible organisation to deliver the newly developed prime provider contract. The process was conducted in four stages:

- Pre-Qualifying Questionnaire issued 29 February 2016
- Issue of first round tender documents - 26 April 2016
- Issue of final tender documents - 13 July 2016
- Preferred bidder period 18 August 2016 to 31 October 2016

  Contract start date April 2017

The full process from initiation, public engagement and consultation through to commencement of the contract took approximately 27 months.

2.3 The Council and CCG Contract with Virgin Care

The Virgin Care contract is a seven-year contract which commenced from 1st April 2017 to 31st March 2024 with the option to extend the contract term by three years (2024/2025, 2025/2026 and 2026/2027). The original contract expiration date is the end of contract year seven and this point is deemed to be an ordinary exit date with the option to extend for a further three years.

If a decision were taken to exercise the option to extend the contract term the Co-ordinating Commissioner must give written notice to Virgin Care no later than 24 months prior to the original expiry date (end of year 5 2021/2022 – March 2022 latest date). The option to extend the contract term by three years can only be taken once.

The contract documentation is the standard NHS contract with additional social care information included. Schedules include references to both Council and CCG requirements.

The Council have the co-ordinating commissioning role for the contract and currently the contract is made up of a total:

Health Services	Social Care Services	Joint Health and Social Care Services	Total Community Services
29	25	2[1]	56

Of the 56 community services:

- 36 delivered directly by Virgin Care
- 14 services are sub-contracted
- 6 services are delivered by both Virgin Care and a sub-contractor[2]

Three of the 36 services directly delivered by Virgin Care cannot be sub-contracted at any point whereas the other 33 can be via negotiation in line with contract regulations. The three which must be delivered by Virgin Care (referred to as delegated functions) are:

- PD1 Adult Social Care Statutory Services
- PD2 Continuing Healthcare
- PD3 Children's Health Statutory Services

The full list of services which originally transferred to Virgin Care as part of the contract at the outset can be found at the link below on pages 37-39:
https://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2015/01/20161111-YCYW-FBC-FINAL.pdf

2.4 Governance of the Contract

2.4.1 Governance Structure

The Virgin Care contract is organised through the following contract governance structure.

Meeting	Purpose	Frequency
Contract Quality Performance Meeting (CQPM)	• April 17 - October 2019 held monthly basis, since December 2019 bi-monthly basis • provide strong, co-ordinated and coherent leadership of the commissioning and contracting of services from Virgin Care on behalf of the local health and care economy • Ensures governance systems are in place to oversee the safe and effective delivery of	Bi Monthly

[1] Integrated Reablement and Adult Learning Disabilities Shared Lives
[2] Includes Community Mental Health; Direct Payment Hub; NHS Health Checks; Specialist Diabetes; Specialist Neurology; Wellness

	commissioned services • Holds the provider to account for its service delivery, transformation, finance and quality obligations, managing performance in accordance with the contract • Ensures that Commissioners meet their responsibilities and obligations as set out in the contract. • There are agreed Terms of Reference for CQPM • Receive assurance reports from FIG, QSG, SLPMs and sub-contracts	
Finance and Information Group (FIG)	• April 17 - December 2019 held monthly basis, from February 2020 bi-monthly basis • Support the CQPM in managing issues relating to finance, activity and other forms of data and information relating to the contract • In year performance monitoring and management and informing strategic discussion and action • Enables challenge to arrive at joint agreement of financial and activity plans, including planning assumptions and bases of calculation • Ensures ongoing monitoring of activity and financial performance to support joint management of variances • There are agreed Terms of Reference for FIG	Bi Monthly
The Quality Subgroup (QSG)	• Now held on a six-weekly basis • Seek assurance from Virgin Care that high quality and safe services are being delivered • Responsible for reviewing and ensuring compliance against the contractual quality standards (incidents, workforce reports, surveys and safeguarding) • Providing assurance on progress with any regulatory body action plan	6 Weekly

	• Determining compliance against the Commissioning for Quality and Innovation (CQUIN[3]) thresholds • Ensure that any assurance received is outcome based where possible and provides adequate assurance to Commissioners; providing oversight of quality and safety during times of organisational change and service redesign • There are agreed Terms of Reference for QSG	
Service Level Performance Meetings (SLPM) (9)	• Nine SLPM feeding into CQPM: 1. Adult Social Care and Safeguarding (monthly) 2. Children's (quarterly) 3. Continuing Healthcare (monthly) 4. Mental Health (quarterly) 5. Learning Disability and Physical Sensory Impairment (quarterly) 6. Public Health – Wellness and Health Checks (quarterly) 7. Public Health – Sexual Health and Substance Misuse (quarterly) 8. Specialist Health (quarterly) 9. Community Adult Health Care (quarterly) • Provide service-level assurance by holding Virgin Care to account for the performance and quality obligations of the individual services • Offer support where needed to the provider in delivering the services	Range from Monthly to Quarterly

Where a sub contracted provider delivers a service an assurance report is submitted to an allocated SLPM for each provider and a Service Manager from the Virgin Care sub-contractor team is in attendance at the meeting to deliver the assurance update on the performance of the sub contracted provider in the quarter reporting period. The Senior Manager responsible for sub-contractors at Virgin Care provides an assurance update at CQPM with a full assurance report for all sub contracted providers submitted quarterly.

Under the current governance arrangements, QSG, FIG, SLPMs and the Sub Contracted Services are all reported into the CQPM.

Other standard items for the CQPM meeting include reporting on transformation, other deep dives eg workforce, key areas of risk/assurance, contract management and forward work plan.

2.4.2 Review of the Governance Arrangement

[3] CQUINs are extra quality improvement goals aimed for, with a financial incentive to achieve these. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement, whilst delivering better outcomes for patients. It is an NHS arrangement.

The Council and CCG auditors routinely undertake audits of services. Currently Council auditors, Audit West, are auditing the contract governance management arrangements for Virgin Care and sub-contracted services including their performance and financial management information and how this is presented to CQPM and FIG. This audit commenced in Quarter 3 2019/20. The findings and recommendations of this audit are expected in Spring 2020. Audit West are also conducting a Community Care Data Management audit which is focusing on the project governance of the Integrated Care Record (described on page 19 of the report).

In addition, the Clinical Commissioning Group (CCG) appointed auditors, KPMG (Klynveld Peat Marwick Goerdeler), have jointly agreed to undertake an audit of the governance arrangements in place for the Virgin Care contract across new Bath, Swindon and Wiltshire (BSW) CCG . This is being led by KPMG and commences March 2020. This audit also will focus on stakeholders and the role of Virgin Care as a prime provider; the auditors will visit a number of sub-contractors to inform the audit process.

The outcomes and resulting recommendations of each of these audits will be considered and implemented.

3. Contract Value and Finances

3.1 Contract Value - total contract value year 1 – 7 by service type

	Year 1 Actual £m	**Year 2** Actual £m	**Year 3** Actual £m	**Year 1-7** Estimated Total £m
	Note 1	*Note 2*	*Note 3*	*Note 4*
Council Statutory services	4,212	4,632	4,343	30,229
CCG Statutory services	1,771	1,827	1,895	13,073
Services operated by Prime	33,290	35,405	36,659	251,878
Services operated under Subcontract	7,908	14,718	14,813	96,731
	47,181	**56,582**	**57,710**	**391,911**

Note 1: Original Agreed Contract Value
Note 2: Increase of £9m made up of £8m additional service and subcontracts and £1m growth funding from Commissioners as agreed following successful business case
Note 3: CCG inflationary uplift and £0.41m of Health variations.
Note 4: CCG will be uplifted by annual inflator from years 4-7 not included in the figures above due to uncertainty on rate. All other contributions are "flat cash" and will not increase over the life of the contract

3.2 Total Contract Value Year 3 by Funding Source

Table 3 Funding Streams Year 3	2019/20 Year 3	BCF	CCG	Council	Public Health
Prime Contract (ex.CQUIN)	£40,584,431	£2,896,070	£22,596,825	£10,793,031	£4,298,505
Subcontract (inc. CQUIN)	£14,813,038	£771,733	£1,694,229	£11,219,793	£1,127,283
Sub Total	£55,397,469	£3,667,803	£24,291,054	£22,012,824	£5,425,788
CQUIN & Tariff assumptions on Prime Note 3	£280,756	£0	£280,756	£0	£0
Adult Audiology cost per case	£720,742	£0	£720,742	£0	£0
Bladder & Bowel cost per case	£354,720	£0	£354,720	£0	£0
Integrated Reablement Service - ORCP funding	£319,174	£0	£319,174	£0	£0
NHS Estates - Passthrough funding	£637,516	£0	£637,516	£0	£0
Total Prime Contract	£57,710,377	£3,667,803	£26,603,962	£22,012,824	£5,425,788
Percentage of total funding	100%	6%	46%	38%	9%

Note 5: The Virgin Care contract sits within the Better Care Fund (BCF). [4]

The latest financial position at December 2019 is that the contract is overspent by £584k with a forecast over-performance of up to £700k by the end of March 2020. The original bid indicated that losses were expected in the early years of the contract and transformation benefits estimated by Virgin Care in their growth bid at circa £3m per year were expected to be realised from year 4. The current financial risk is currently absorbed by Virgin Care.

The delivery of efficiencies across clinical teams including increased direct patient contact and a streamlined workforce as described as part of Virgin Care's bid were predicated on their investment in mobile working, the Integrated Care Record (ICR) and Care Coordination Centre (CCC). The majority of these investments were to enable the change in skill mix and a reduction in overall staff numbers which would allow Virgin Care to remain within the financial envelope without compromising services to individuals.

Virgin Care are still to complete their full transformation programme as a result of delays in some enablers. The move to mobile working for example took a year longer to implement given the base line found in year 1 and the Integrated Care Record project experienced delays outside of their control. We should see these fully implemented in year 4 (2020/21) and it is anticipated that this in turn will return a balanced budget by the end of year 4.

[4] The BCF is made up of a minimum contribution from the CCG (£12.3m) which is received as part of their main allocation and grants (£7.4m) received by the Council which are "pooled" to form the basic fund (£19.7m). This pooled budget pays for approximately £3.7m of services within the Virgin Care contract. The table above shows this, and the additional funding added to the BCF to pay for Virgin Care contracted services.

4. Performance and Activity

4.1 Performance overview

Detailed performance and quality information continues to be reviewed as part of CQPM; FIG, QSG and the SLPM as discussed above. Actions to address areas of poor performance are undertaken in line with contractual provisions, which can include the issue of a Contract Performance Notice.

The performance of the contract contributes to nationally benchmarked results for both health and social care. For health measures, Virgin Care contributes to CCG performance against key NHS Constitution targets. For social care, contract performance contributes to the Council's Adult Social Care Outcomes Framework performance which is required by NHS Digital. Local contract reporting provides detail about the activity and performance of the services, so that the factors affecting nationally published performance are understood and that there is oversight of the level of service received by B&NES residents and GP registered patients in B&NES.

The following annexes demonstrate performance nationally and locally. The narrative about the performance is outlined below.

- Annex 1 Adult Social Care Outcomes Framework (ASCOF) Annual Report 2018/19
- Annex 2 Virgin Care Performance Activity selected summary
- Annex 3 Example of Routine Performance Summary from Virgin Care presented at CQPM

4.2 ASCOF – annual results (Annex 1)

B&NES' ASCOF performance is derived from a statutory submission of key activity data, the Short and Long Term (SALT) return and responses from service users and carers to annual and biennial surveys respectively. Reporting is at a total local-authority level and is not reportable by provider (some services that contribute to SALT are delivered by other providers, such as Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)).

In general, B&NES' performance against ASCOF measures is good as demonstrated on the summary page of Annex 1. Of the 29 measures reported in the 2018/19 ASCOF:

- Better than the national average in 23 measures
- Better than the regional average for 21 measures
- In the top quartile of all local authorities for 11 measures

Annex 1 also includes benchmarking against B&NES' statistical near neighbours and, for most indicators, performs well. B&NES benchmarks well for measures based on survey responses for service users and carers.

Conversely there are three measures for which B&NES is in the bottom quartile of all authorities:

- Delayed transfers of care (DTOC) per 100,000 population (2C below)
- DTOC attributable to adult social care per 100,000 (2C below)
- The proportion of people who don't require long-term funded services after receiving short-term services such as reablement. (2D below)

Of the ASCOF measures that are not based on survey responses, Virgin Care's contribution to the overall B&NES performance is described in Figure 1 below:

Figure 1

Ref	Measure	Virgin Care contribution to measure
1C(2A)	The proportion of people who use services who receive direct payments	Just over half of the service users in scope of this measure are in contact with Virgin Care teams
1E	The proportion of adults with a learning disability in paid employment	These measures relate solely to the LD services provided by Virgin Care
1G	The proportion of adults with a learning disability who live in their own home or with their family	
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	Approximately two-thirds of the admissions for each measure are led by Virgin Care community teams, with the remainder led by AWP
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement /rehabilitation services	Reporting is based solely on the Virgin Care service
2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	
2C(1)	Delayed transfers of care from hospital, per 100,000	Delays in Virgin Care community hospitals accounted for 47% of all delays for B&NES patients in 2018/19. There are multiple reasons for this including reducing the pressure on the acute hospital, waiting capacity for care homes and home care. It is not normally attributed to a delay in social work assessment (see additional narrative below)
2C(2)	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	
2C(3)	Delayed transfers of care from hospital that are jointly attributable to NHS and adult social care, per 100,000 population	
2D	The outcome of short-term services: sequel to service	Short term services are generally for reablement, which sits with Virgin Care. However, outcomes may be influenced by matters outside of the scope of the reablement service.

4.2.1 Explanation for ASCOF Return

- 2C - In 2018/19, DTOC performance represented all delays for B&NES providers for the first time, which had not been the case in previous years, so an increase in the rate was expected. While the overall rate has increased in 2018/19, it was not to the extent that was anticipated based on local, unpublished data collected in 2017/18. Most delays in B&NES are due to awaiting home care (including reablement) and awaiting care home placements; these are reported as either health or social care delays and further specific reporting can be provided if required. Better Care Fund schemes for 2019/20 aim to target these reasons for delay but pressure across health and social care remains high. The rate of social-care attributable delays in B&NES reduced in 2018/19 despite the increase in providers reporting delays so, while the measure doesn't currently benchmark well, there was a more significant improvement than the published data suggests. The admission avoidance element of the Virgin Care Reablement Service is performing well, which will help to reduce the number of people reaching the acute hospital in the first place. Delays attributable to awaiting social care assessments have reduced significantly since the start of the contract, which is largely due to the work of Virgin Care social work teams.

- 1C - The proportion of people using direct payments (DPs) is being closely monitored as it is lower than in previous years, despite being in the interquartile range nationally. The proportion of service users using DPs dropped to 24% in 2018/19 and in the year-to-date is below the local target of 25% at 20.%. However, this has been due largely to a review in the approach to delivering DPs following an urgent review of service users in 2018 after the withdrawal of a provider. The Council's policy focus remains on offering DPs only in the cases where it is appropriate to do so. Training continues to be provided to service users to enhance their confidence in being able to manage their DPs themselves. Following the aforementioned review of DP service users in 2018 B&NES have increased assurance that those receiving DPs are appropriate to do so and provides a platform on which to improve performance in this area. Note this DP review involved Virgin Care having to undertake significant work in order to help with the transition.

- 2A (2) - Admissions to care homes for older adults is also an area of challenge. While the reported rate benchmarks well, there are data quality issues that are being investigated to ensure that only relevant admissions are counted for this measure. As noted in Annex 1, to avoid skewing other areas of the SALT return, the number of care home admissions included only those admissions that were linked to social care requests for support, assessments or reviews, in line with the SALT guidance. Work is continuing with all providers to review admissions not linked to social care requests for support, to ascertain whether they should be included in the return, with any data quality corrections made where necessary.

4.2.2 ASCOF – in-year monitoring

In-year performance in 2019/20 is reported to Council and CCG Joint Commissioning Committee (JCC) and the CCG Board, for key ASCOF measures (see Annex 2, Part 1), which are measured against local targets. Those areas of challenge in 2018/19 continue to be challenging in the current year.

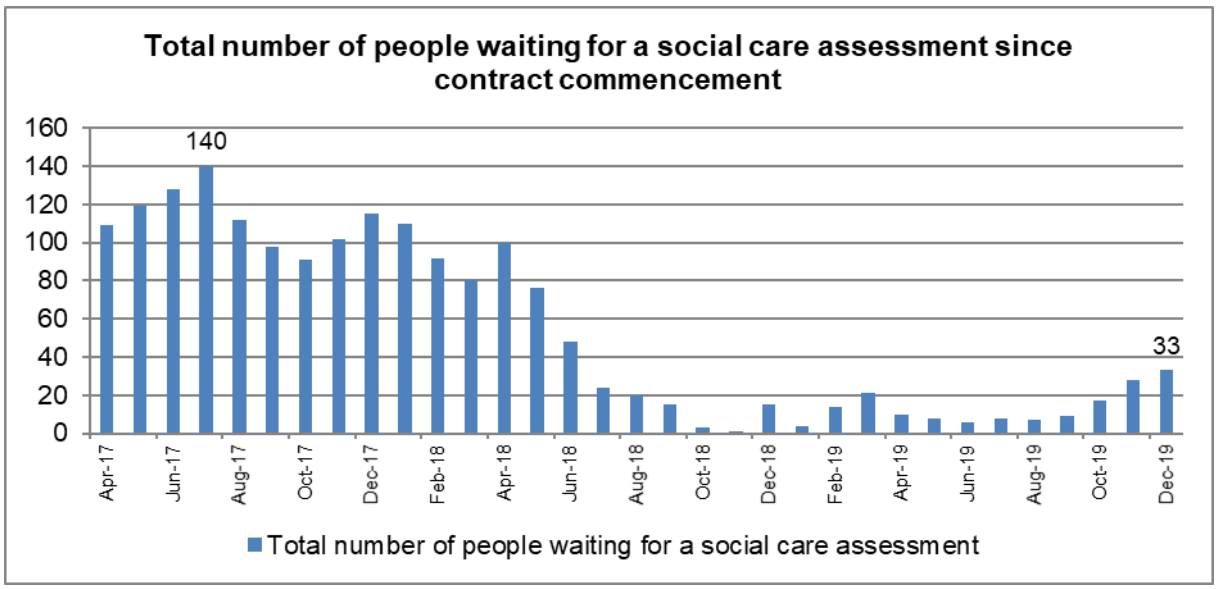
- DTOCs continue to be worse than the Better Care Fund trajectory, as all providers who report delays for B&NES patients are seeing higher than planned delays as pressure across the whole health and social care system continues throughout the year. The learning from a recent LGA DTOC Peer Review of the system around RUH is being used to identify areas for improvement.
- The proportion of service users using Direct Payments is below the local target, but mitigation is in place as described above.
- For admissions to care homes for over 65s, in relation to the data quality issues referenced above, 2019/20 reporting is based on the worst-case scenario (i.e. including admissions that are not linked to social care requests). Performance is 13% better than the equivalent data for 2018/19, so there is improvement on a like-for-like basis with a reduction of over two admissions per month on average.
- Performance for Learning Disabilities service users in employment and accommodation continue to be good in 2019/20 and is in the top quartile for all local authorities.

4.3 Local reporting for Key Adult Social Care measures (Annex 2)

A number of key measures of Adult Social Care performance are not benchmarked nationally but local contract reporting ensures that commissioners are sighted on how critical Virgin Care services are performing.

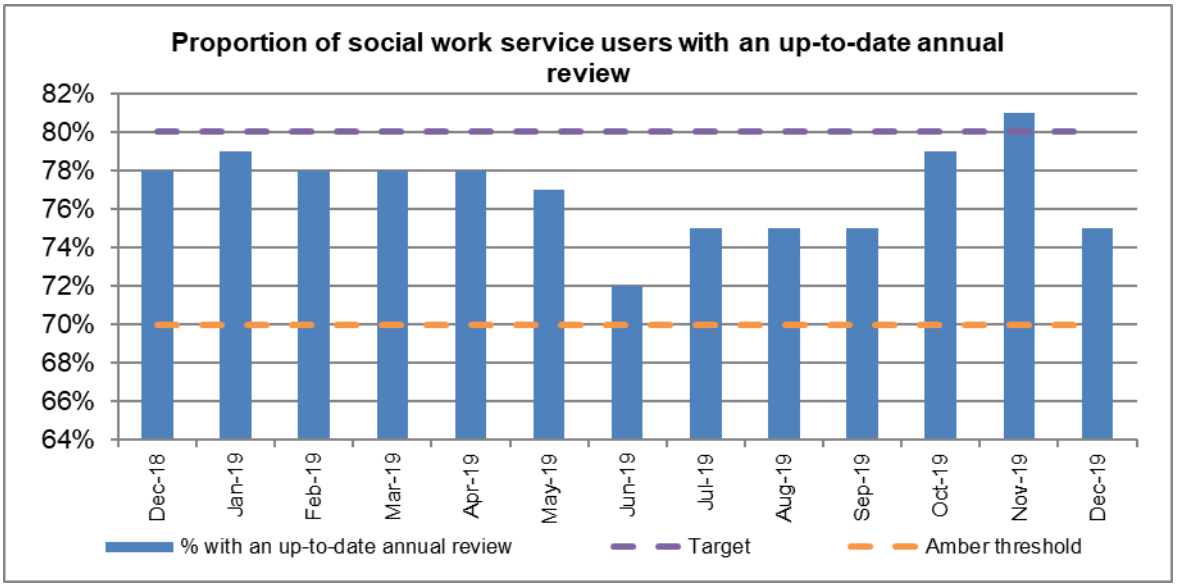
- **Social Care Assessments:** significant work has been undertaken over the term of the contract to date to reduce the waiting list for people awaiting social care assessments, as shown in Figure 2 below. The waiting list was high at contract commencement, peaked in the early months of the contract, and the scale of reduction has been significant since the start of year 2. The improvement in this area has continued on the whole. In relation to the drive to reduce the time individuals wait for an assessment, work is ongoing to develop a higher level of sophistication in the performance information collected relating to the strengths-based practice model. B&NES continues to seek assurance through Adult Social Care and Safeguarding SLPM that there is a robust risk management and prioritisation process in place for those awaiting assessment.

Figure 2



- **Annual Social Care Reviews:** the proportion of Virgin Care service users with up-to-date reviews remains high. While national benchmarking isn't available for this measure, anecdotal discussions indicate that B&NES is performing well relative to its peers. Performance over the past year is included in Figure 3 below. It is anticipated that the improvement will continue as the benefits of the establishment of the Adult Care Social Care, which expanded from the Learning Disability Reviewing Team, are realised. Further action is required to capture the work undertaken through 'unscheduled reviews.'

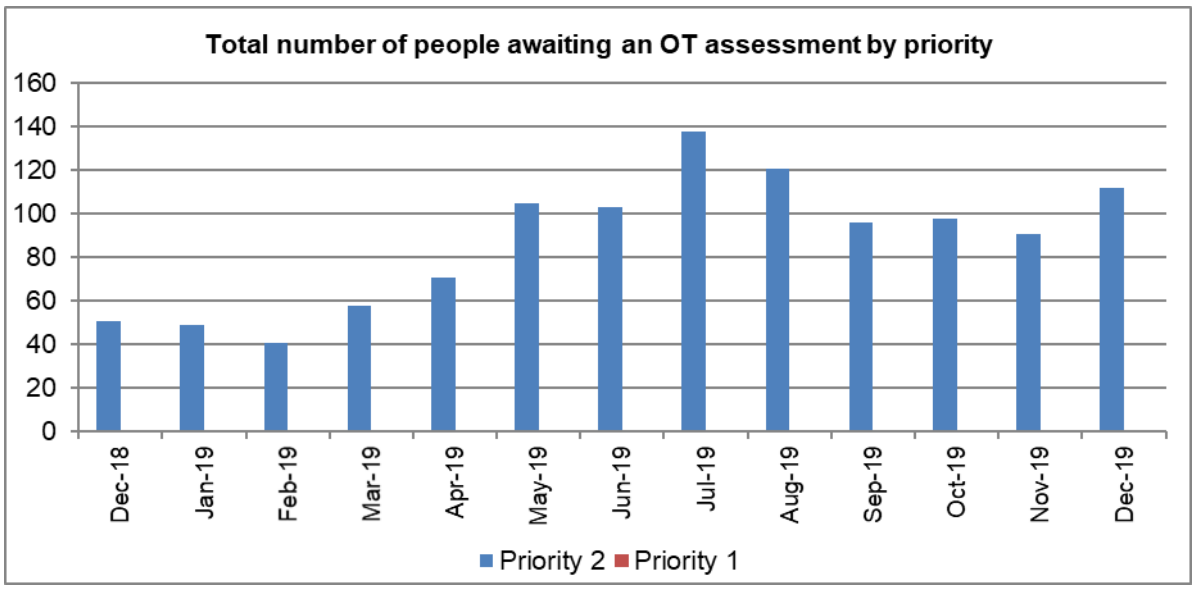
Figure 3



- **Occupational Health Assessments:** the month-end waiting list for people requiring an Occupational Therapist (OT) assessment continues to be low for people in the highest priority category (priority 1). The waiting list for people at priority 2 has remained high (see Figure 4 below) but has reduced from its peak in

July 2019. A Recovery Action Plan is in place to improve the position, and monitored on a monthly basis by the commissioner, but those people in the highest category of need are assessed promptly. The OT picture in B&NES mirrors the challenges all LAs are facing nationally, and once again against a backdrop of OT recruitment challenges. Alongside the 'routine' OT assessment process there have been a number of key initiatives involving OT including the review of 'double-handed package'[5] project and the use of an OT in the First Response Service where they are utilised to prevent hospitalisation.

Figure 4



4.3.1 Safeguarding Adults: national data

The national Safeguarding Adults Collection (SAC) is the source of benchmarking for Safeguarding Adults. B&NES is performing better than the national average in many areas:

- Identifying risk and taking action to address - performance at 92% against the national average of 68.5% (see Figure 5 below)

Figure 5

	2017/18		2018/19	
Category	**B&NES**	**England Average**	**B&NES**	**England Average**
Risk identified; action taken	99%	68.5%	92%	68.5%
Risk identified; no action taken	0.6%	4%	0.3%	4.5%
Assessment inconclusive, action taken	0%	6.2%	0%	6.2%

[5] Review packages to see if equipment can provide a helpful aid

	2017/18		2018/19	
Category	**B&NES**	**England Average**	**B&NES**	**England Average**
Assessment inconclusive, no action taken	0%	2.7%	0%	2.7%
No risk identified; action taken	0%	6.9%	1.9%	6.8%
No risk identified; no action taken	0%	7.6%	0.6%	7.0%
Enquiry ceased at individuals request	0.4%	4%	5.2%	4.2%

A significant level of work has been undertaken in the last two years to improve the knowledge and understanding of providers and the public as a whole in relation to Safeguarding Adults, through large stakeholder events, a clear training offer, involvement in national drives and learning from serious incidents.

- Individuals (or their representative) asked what their desired outcome was - 72% achieved against the 63% national average, as shown in Figure 6 below.

Figure 6

	2017/18		2018/19	
Was the individual asked?	**B&NES**	**England average**	**B&NES**	**England average**
Yes and outcomes expressed	62%	70%	72%	63%
Yes but no outcomes expressed	9%	13%	-	15%
No	10%	10%	9%	14%
Don't Know	8%	2%	18%	3%
Not recorded	9%	5%	1%	5%
Where outcomes where expressed were they	**B&NES**	**England average**	**B&NES**	**England average**
Fully achieved	66%	62%	57%	67%
Partially Achieved	30%	29%	41%	26%
Not Achieved	4%	9%	2%	7%

Overall, B&NES had a lower percentage of those who identified a preferred outcome who fully achieved their desired outcome. However, the proportion of those people whose outcomes were not achieved at all is lower than the England average, with 2% for B&NES against the 7% national average, so overall more people either fully or partially achieved their outcomes than is the case nationally. These outcomes are informed by a strong commitment to 'Making Safeguarding Personal' (MSP) putting the Person at the centre of all Safeguarding concerns. B&NES Council alongside Virgin Care were instrumental in the early national pilots of MSP and its roll-out.

4.3.2 Safeguarding Adults: local data

Alongside nationally benchmarked data, B&NES has a range of additional local measures to provide assurance that enquiries and concerns are managed effectively. In this regard, B&NES has a more comprehensive range of information available than other local authorities. See Annex 2.

- 86.2% of decisions for new concerns made within 4 days continues to be good for Virgin Care
- 79.8% of Planning meetings for new enquiries are held within the 10 days procedural timescale

4.4 Virgin Care Performance for Key NHS Constitution and Quality Standards

Virgin Care contributes positively to a number of national targets for health services. Part 2 of Annex 2 shows performance to the end of December 2019 or January 2019 against NHS Constitution and Quality Premium standards.

- **Referral to Treatment Time** - Virgin Care provides Consultant-led services which are subject to the 18-week Referral To Treatment (RTT) target: Orthopaedic Interface Service, Falls and Movement services (Clara Cross), Community Paediatrics and Paediatric Audiology. RTT performance is significantly above the target of 92% at 99.2% for January 2020.

- **Six-week diagnostic standard** – Virgin Care delivers adult audiology and echocardiograms in the community that are subject to the 6-week diagnostic standard. Performance against the Diagnostics standard has been better than the 1% target for all but one month in the last year. Sharp increases in demand affected capacity for echocardiograms in the Heart Failure service, but performance has been at 0% for the past six months as the performance has stabilised.

- **4-hour A&E standard** - Paulton Minor Injury Unit performs well against the 95% target at 99.4% in January 2020 and provides essential capacity to avoid further patients attending RUH.

- **Continuing Heathcare –** as stated above the CCG delegates the Continuing Healthcare (CHC) Service to Virgin Care and the service has been measured against NHS Quality Premium targets.

  BaNES local performance data is based on three key assurance questions:
  - Location of assessment –below 15% of all assessments to take place in an acute setting; Performance for the number of CHC Decision Support Tools carried out in an acute hospital setting is exceptional and has been in the top quartile nationally since reporting began in 2017/18.
  - 28 Days – more than 80% of all CHC decisions to be made within 28 days from positive checklist or notification - achieved for three of the last four quarters; performance has stabilised now that a backlog of older cases have been cleared.
  - Reviews over 12- 26 weeks – should have zero decisions taking longer than 12- 26 weeks

- **Infections** - cases of reported infections within the Community Hospitals remain low. For 2019/20 year-to-date, Virgin Care has reported no cases of C.difficile[6] or

[6] This is a bacteria that can affect the bowel and cause diarrhoea

MRSA infections. Virgin Care continues to link with the CCG's Healthcare Associated Infections Collaborative.

- **Pressure Ulcers -** the number of Category 2 hospital acquired pressure ulcers has improved with 4 reported to date in this financial year compared to 20 reported in 2018/19. There have been 3 Category 3/4 hospital acquired pressure ulcers reported in 2019/20 year to date and all have been through the Serious Incident investigation process.

4.4.1 Local reporting on health services delivered by Virgin Care

As is the case with local reporting on social care, contract reporting on health services provides context to about how Virgin Care contributes to nationally reported measures and provides an overview of how the services support the local health and care system.
A range of performance measures for Specialist Community Health services are reported in the IQPR (see Part 1 of Annex 2).

- **Length of stay in community hospitals** - particular area of improvement has been seen in community hospitals. Length of stay has improved from an average of 36 days in the first year of the contract to a year-to-date position of 29 days in 2019/20. The current pilot for offering therapy-led beds in community hospitals, to facilitate reablement, is having a positive impact on length of stay as well, while promoting independence for patients.

Children's health services

- **Community Paediatrics and Paediatric Audiology** routinely perform well in terms of access to treatment. Both measures are above the national RTT target.

- **Children's Speech and Language Therapy** access times are generally good, with 92% of children seen within 16 weeks in the latest results, against the 18-week target.

- **Autism Spectrum Disorder assessment and diagnosis** have remained below the national average and were highlighted in the positive Special Education Needs and Disabilities Combined CQC and Ofsted inspection in March 2019.

- The **0-19 years public health nursing service** has good performance across a number of measures:
  - % receiving New Birth Visits within 14 days - 93.6%
  - % receiving 6-8-week review - 89.3%
  - % receiving 12-month check by 12 months - 86.8%
  - The 2-2.5-year review is currently below target of 90% but trajectory is good. Currently 89.7% which is great consistent progress.

- The **National Child Measurement Programme** has maintained good coverage at 98.7% in reception and 94.2% in Year 6 which is above target of 95%.

- Initial **children's weight management** support is available from both health visitors and school nurses. Further intensive support is available via the recently introduced LEAP programme for 5-10 years and 10 -17 years. The support contributes to B&NES' low rate of 10-11year olds with excess weight which is 25.6%, which is significantly better than the national average at 34.3%.
- **Sexual health** clinics for young people called Clinic in a Box are delivered by school nurses to provide advice, guidance, screening and prescribing of contraceptives. The service carries out approximately 200 contacts each quarter across schools, colleges and youth centres in B&NES.

4.5 Local Reporting on Health and Wellbeing Services delivered by Virgin Care

Virgin Care delivers a range of Health and Wellbeing services aimed at improving the physical and mental health of the B&NES population.

- The B&NES Stop Smoking service supported over 500 people to set a 'quit date' in 18/19 and of these 68% successfully quit smoking at 4 weeks. Smoking prevalence in B&NES is 11.7%, significantly better than regional or national prevalence and smoking in pregnancy is the lowest in the region at 6.8%.
- The wellbeing services support over 1,500 adults a year to access services to help them lose weight. During 18/19 over 800 people took part in either a structured 12-week weight management programme or 1-1 weight management support via the wellbeing service. The average weight loss on the 12-week programme so far in 19/20 is 4.8Kg. It is estimated that 57.9% of adults in B&NES are overweight or obese, which is similar to national levels.
- Our local Exercise Referral Scheme supports people with long term conditions, such as obesity, diabetes, depression and anxiety, to be more physically active. Of the 393 people accessing the 12-week exercise programme through GLL, from April – Dec 2019, 77% completed the programme. It is estimated that 11.2% of adults in B&NES are 'inactive' (doing less than 30 minutes of moderate level physical activity per week), this is significantly lower than regional and national levels of inactivity.

5. Transformation Programme

Your Care, Your Way resulted in an ambitious programme of transformation to deliver the efficiencies expected of Virgin Care by the Council and CCG over the lifetime of the contract.

The table below sets out how the new model of care proposed by Virgin Care would meet the priorities identified by the community and public consultation and progress on these priority areas to January 2020.

Priority Area	How Virgin Care Proposed to Address this?	Progress Update January 2020	Virgin Care continued development in 2020/21
A person, not a	Services will take into account all of a	• Strength based model is being established in social	• Universal Strategy for

condition	person's strengths as well as those of their family, their community and their wider support network. Staff will be trained to identify people's individual goals and aspirations and will draw upon all health, care and community assets to achieve them. Staff will seek to understand any barriers to meeting these goals and work with the person to overcome them.	care. This includes the development of a 'First Response' Team which helps people access support more rapidly but focussed on a strengths-based approach • Alignment of social care services alongside wellbeing in the Care Coordination Centre • Making Every Contact Count (MECC) practitioners increased and rolled out across partner organisations and direct provision • Renewed focus on wellbeing and transformation underway to ensure wellbeing and brief intervention is a part of every intervention	wellbeing will be introduced • Embed strengths-based approach in social care introduce to health teams • Further integration between wellbeing and social care teams • Introduction of VCSE into the Care Co-ordination Centre (CCC)
A single plan	Single assessments will form the basis of a single Care and Support Plan to give people choice and control of the care and support they receive. People will be able to view their Integrated Care Record and control how information is shared across providers and with their own choice of friends, relatives or carers. People will be involved in regular multidisciplinary reviews of their plan to ensure their physical, mental, emotional, cultural and spiritual needs are being met.	• Integrated Care Record (ICR) has been procured and rolled out in part this will continue • So far three services have their information accessible in a shared record (social care, community and GPs) and within the next couple of weeks this will include the acute • Cases are discussed at Multi-Disciplinary Team (MDT) meetings with GPs and other care professionals • MDTs in the Care Coordination Centre are being established to jointly review cases	• Daily 'huddles' to be introduced in the CCC to ensure coordinated plans • ICR embedded into all multi-disciplinary teams (MDTs) • MDT Care plan to be utilised in ICR to ensure appropriate information is shared between providers VCSE collaboration in planning
Invest in the workforce	The award-winning "People Flourish" programme will help staff improve the way they work in teams and	• Mobile working is being rolled out across services – client facing time has increased as a result; this will continue	• Further focus on apprentices Leadership training focussed on

	with people who work in different ways to themselves. Investment in mobile working technology will reduce the time spent on paperwork allowing frontline staff to focus on providing high quality care. There will be a cap on management costs so that resources are invested into front line care.	• Have Your Say action plans have been developed in each service to ensure staff wellbeing is prioritised • Social work apprenticeships into the service • Managing the 'Virgin Care Way' has been rolled out to service managers (the new name for 'People Flourish' programme) • There are three people on the management level 5 apprentice programme • Corporate (support services) apprenticeship has also been undertaken. • Management costs have been limited in line with the bid • Linking with the local universities. • Considering introducing temporary short-term non-nursing posts to attract newly qualified nurses whilst they are waiting for the registration and PIN to be formalised.	middle and new managers • Focus on colleague wellbeing Have Your Say plans and implementation and progress closely monitored
Focus on prevention	Patient Activation Measures will be used to allocate people into four levels depending on their confidence, ability and motivation to self-manage. Risk stratification will help with early identification of those who are vulnerable on the fringes of healthcare or at risk of hospital admission. Rapid response services will prevent people being admitted to acute care through speedily providing the services they need at the right time.	• Patient activation licenses have been sponsored by NHS England and have been designed into new Wellbeing service referrals • Risk stratification is in final stages of testing prior to being introduced into the Care Coordination Centre (relies on information from the ICR and therefore needs hospital data before rolling out) • MECC training has been rolled out. A new universal strategy for wellbeing is being rolled out to ensure brief interventions are part of every interaction	• Roll out of social prescribing with Primary Care Networks (PCNs) • Complete transformation of wellbeing hub • New 'universal' wellbeing approach embedded

	Staff will be trained in evidenced-based health coaching so that self-management is the focus for all interactions.		
Join up the information	A Care Coordination Centre will provide: • A single point of contact for people who require care and support, their families and health professionals. • Signposting to other services • Booking, scheduling and case management • Single assessment • Case management • Rapid Response, Prevention, Targeted and Specialist teams • Management of Patient Portal • Telehealth monitoring A team of Care Navigators from a range of VCSE sector organisations will help people become aware of the extensive array of activities that are available to them.	• A Care Coordination Centre (CCC) has been established at Peasedown St John • This CCC includes health, social care and wellbeing representation • The plan is for third sector organisations to also be co-located there - benefits have been noted around the closer working of wellbeing and social are services • Signposting, booking and management of cases all take place at the CCC. • Next steps include further integration of teams, more third sector involvement and understanding how remote monitoring may support our communities. Virgin Care have also been working with VCSE and 3SG partners to develop a community navigation model. This aligns with the Primary Care Networks where a new model of social prescribing has been developed in partnership and will launch in March	• Final teams moving from adults' services into the CCC. • Huddles introduced into the CCC to enable joint working. • ICR embedded to full benefit • VCSE services introduced to the CCC.

6. Service Development and Improvement Plan (SDIP)

The Contract requires a Service Development Improvement Plan (SDIP) to be agreed, monitored and delivered annually. Updates on progress are provided at the CQPM meetings. The 2019/20 SDIP has been reviewed on a quarterly basis to monitor the transformation progress in year three of the Virgin Care contract.

SDIP Milestones by Quarter	Achieved	Partially Achieved	Not Achieved
Quarter 1 April – June 2019 (12)	8	3	1
Quarter 2 July – September 2019 (19)	15	1	3
Quarter 3 October to December 2019 (17)	14	2	1

By the end of December 2019 Virgin Care had achieved 77% of the milestone and a further 12.5% partially achieved in the intended period.
The significant number of SDIP milestones achieved in contract year 2019/20 have included activity across a number of key workstreams. These workstreams have included, integrated care record, community hospital review, extra care, brokerage, mental health pathway review, development of service scorecards, use of Tableau (web-based reporting platform), multi-disciplinary teams, transformation of wellbeing service, strength based practice, sub-contractor assurance reporting and development of a unified reablement service. Each SDIP milestone is mapped to one or more of the priority areas of 'your care, your way' - for a person not a condition, a single plan, invest in the workforce, join up the information and a focus on prevention (as listed in section 5 Transformation).

The Quarter 4 (January to March 2020) progress report is due on 6th May 2020 with 11 milestones in scope for review as well as updated assurance on completion of any milestones that were reported as partially or not achieved throughout the year
Once the full year SDIP review is complete a full assurance report will be submitted to CQPM in June 2020.

7. Quality Assurance Mechanisms and Information

In addition to scrutinising the performance activity data there are a range of other quality assurance mechanisms in place for all contracts however listed below are those covering the Virgin Care contract specifically.

7.1 Individual Scrutiny of Cases from the Council Principal Social Worker

The role of the Principal Social Worker (PSW) has developed since 2011 when it was first introduced by the Social Work Reform Board and recommended in the Munroe Review for children social care services. The majority of local authorities now have adult PSWs and the Care Act 2014 firmly embedded the PSW role in legislation. Annex 4 sets out the role of the PSW.

The benefits of having a dedicated and visible PSW ensures that there is professional practice oversight in place to lead, oversee, support and develop social work practice and in turn lead the development of social workers and social care practitioners. In relation to the Virgin Care and delegated adult social care role (see below) this is particularly important as the role is responsible for ensuring adherence to many complex social work functions associated with adult safeguarding and statutory social work functions associated with the Care Act, Mental Capacity Act and Mental Health Act. The PSW leads on quality assuring social work practice on behalf of the Council. Virgin Care have a lead social work professional and an adult social care lead within their Senior Leadership Team (registered social worker) this was required as part of the contract. This was specified as part of the procurement to delegated function had a strong voice.

There is a clear escalation process in place for complex cases or those which practitioners can't come to mutual agreement on and the Council and Virgin Care will intervene in these cases. This helps with operational oversight of cases from both Virgin Care and Council perspective. If the PSW's can't agree this is escalated to Director level.

7.2 Oversight of Delegated Adult Social Work Functions and Continuing Health Care in Virgin Care

Virgin Care as part of the contract via PD1 and PD2 have delegated responsibility for adult social work practice for all service user groups except all children and adults with mental ill health and for decision making regarding safeguarding adults at risk and Continuing Healthcare. As set out in section 2 there are monthly performance meetings for each of these and in addition a monthly performance meeting on adult safeguarding.

7.3 Funding Panels and Complex Case Discussion Meetings

There are three Panels currently running which include the work of Virgin Care with their delegated function:

- Funding Panel for social care and continuing health care assessments and package / placements request
- Funding Panel for adults with learning disabilities placement and package requests
- Joint Funding Panel for people who have both social care and health needs

(Complex Case Discussion Meetings – these are monthly meetings with the Council PSW's, CCG leads and Virgin Care and AWP representatives to discuss individual cases which require joint funding and care and support plans; these are then discussed for authorisation via the Joint Funding Panel).

The Chair of these Panels and the Complex Case Discussion Meetings ensures that consideration is given to both legal duties and best practice requirements – each Panel is chaired by either a PSW or Commissioner. Requests to Panel are for cases above the Council and CCG published package and placement fair price of care rate. Scrutiny of those below that rate is undertaken differently and set out below.

7.4 Audits

7.4.1 Adult Social Work 10% Case File Audit

Quality Assurance is also achieved through audits of practice. Virgin Care undertake audits and the Council Safeguarding and Quality Assurance team also undertake audits as part of the assurance for delegating the social care function.

A 10% of all cases below the Funding Panel financial threshold is carried out annually by the Council. This was in place with Sirona Care and Health and has continued with Virgin Care. Annex 5 is an example of the audit carried out.

As part of the annual audit schedule there are focused themes which have included auditing both high and low-cost packages of care. These have identified people who could be eligible for health funding or whose needs could be met in other ways.

Following the Council's audit, Virgin Care undertook an audit of the support they provide when people first contact social care. This has been shared with the PSW as part of their oversight functions. The Council's 2019/20 audit, currently being undertaken, is focused on the areas of learning identified in both these audits.

7.4.2 Safeguarding Adults at Risk Audits

Virgin Care also undertake the following audits in relation to safeguarding adults at risk work:

- Annual Safeguarding Adults Repeat Referrals audit to see if anything can / should have been done differently at an earlier opportunity;
- 15% case audit of all safeguarding adult cases which progress to section 42 Enquiry

The Council Safeguarding Adults and Quality Assurance team undertake the following audits annually for assurance:

- Annual No Further Action Referrals (NFA) (Safeguarding Adults)
- Annual Service User Feedback audit from involvement in the safeguarding procedure

These audits were also reported to the Local Safeguarding Adult Board – now the Community Safety and Safeguarding Partnership.

7.4.3 Health Care Specific Audits

Virgin Care has a detailed local audit work programme in place and has also completed the relevant national audits as required. Examples of the national audits completed include the National UK Parkinson's audit, the National College of Occupational Therapists audit, the National Sentinel Stroke audit and the National Falls Audit. Examples of other audits include Audit of Minor Injuries Attendances (Quarter 1 2019/20); Audit of Notifications to Family Nurse Partnership; Audit of Universal Partnership Plus Recording in Health Visiting.

7.5 Practice Development – Strength's Based Approach

Virgin Care are moving their social work practice model to a strengths-based approach (mentioned in the transformation section of the report). This is being rolled out nationally and there is guidance from the LGA and Chief Social Worker[7] on what strengths-based practice is, however, there are no national performance indicators developed as yet. The PSW's have supported the work undertaken on strengths-based assessments and asset based/community approaches. This has included working alongside colleagues in Virgin

[7] https://www.gov.uk/government/publications/chief-social-worker-for-adults-annual-report-2018-to-2019/chief-social-worker-for-adults-annual-report-2018-to-2019-social-work-leadership-in-changing-times

https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/care-and-support-reform/implementation/first-contact/needs-assessments - LGA funded tools to be developed by SCIE.

care and AWP to explore the implications for practice and coordinate the development of policies and processes to support these changes.

During the year there has been a focus on strengthening practice in the area of Continuing Health Care. Training was provided to both health and social care staff on the revised statutory guidance and in particular the difference between a health and a social care need.

7.6 Additional Highlights on Oversight from the Quality and Performance Subgroup

7.6.1 Quality Visit

A quality visit has been undertaken to the Sulis Ward at St Martin's Hospital in November 2019. The overall outcome of the visit was good with service users and staff giving positive feedback about the service. During the visit it was observed that the majority of service users were being encouraged to increase their mobility, independence and social interactions.

7.6.2 Virgin Care Complaints and Compliments Recorded

7.6.2.1 Complaints

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 the Council and CCG must have a process for handling feedback about adult social care services and adult and childrens community health care services from servicer users, families and carers which is received in the form of complaints, concerns and compliments.

The majority of this feedback is dealt with in the first instance by Virgin Care. In respect of complaints for adult social care a Complaints Assurance Framework appended to PD1 sets out the expectations of the Council for the handling and reporting of the feedback and the escalation procedure where the complainant remains dissatisfied. [8] There is a separate prescribed procedure for handling of health complaints. The table below sets out the complaints from April to December 2018/20.

Indicator	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	19/20 YTD
Total number of complaints	2	6	4	2	2	3	1	7	1	28
Complaints - Healthcare	2	3	2	2	2	2	1	3	1	18
Complaints - Social Care	0	3	2	0	0	1	0	4	0	10
Total number of concerns	7	4	3	8	9	4	3	3	6	47

[8] The Council retains responsibility for feedback about the Charging Framework, AMHP Service and the Council's safeguarding and Deprivation of Liberties responsibilities. It also has arrangements in place to work with partner agencies CCG and AWP to address cross-service complaints.

Concerns - Healthcare	6	3	3	6	7	2	3	0	4	34
Concerns - Social Care	1	1	0	2	2	2	0	3	2	13

Of the social care complaints two were substantiated and had learning outcomes which have been actioned; two exceeded the expected response time. The number of social care complaints dealt with by Virgin Care as set out above remains consistent with previous years. In 2018/19 there were 12 complaints of which three were escalated to the Council for review. The review is undertaken under the supervision of the PSW. [9]

7.6.2.2. Health and Social Care Compliments – April to December 2019

	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Total
Social Care	12	13	7	26	8	18	29	9	29	151
Health Care	26	57	61	34	18	28	44	19	27	314

Social Care Comments	Health Care Comments
"A gentleman who works for another organisation regularly supports a lady who uses our service, at her recent meeting he said he had never been to a service like ours before and didn't know what to expect. The gentleman said he was 'surprised in a good way' and was 'moved almost to tears' by the way people are supported here. He said the staff treat people with such respect and dignity and are always supportive and friendly to him" (Jan 2020)	*Just wanted to let you know I had a call from xx, she wanted to say what a wonderful service we have and how everyone is so nice and helpful when she speaks to them"*
"We received great support in every way, practically, morally and emotionally. Team always there when needed. Thank you so much" (Nov19)	*Just wanted to let you know I had a call from xx, she wanted to say what a wonderful service we have and how everyone is so nice and helpful when she speaks to them"*
"Thanks for updating us and being so proactive. We really appreciate your input and expertise" (Oct 19)	*"Dear x and team, I can't thank you enough for all your help in getting me back on my feet."*
"My son is entirely happy with his support arrangement. As a family so are we" (Sept 19)	*"Thank you so much for your visit yesterday – it was invaluable to my father's care. Such a support to know you are there."*

[9] Note there is a slight discrepancy with the data produced in the table against the dashboard; this is still to be resolved.

"Thank you so much for all your support over the past year. Your assistance has been invaluable" (July 19)	*"Excellent service provided by superb professional team. This saved a visit to an overstretched ED Dept. Cannot praise the falls team enough.*
*"I cannot thank the Team enough with the quick support they gave us to ensure **** was supported in a safe way"(April 19)*	*"I cannot thank the Team enough with the quick support they gave us to ensure **** was supported in a safe way"(April 19)*

7.6.3 Stories of Difference

Virgin Care are encouraged to share stories of difference with the Commissioners as well as looking at complaints this helps keep a balanced picture. Below are some anonymised examples however consent has been provided by the individuals:

Story 1
A woman who had been self-funding her care in a nursing home for 3 years contacted Virgin Care for support – the worker discussed her situation with her and it quickly became apparent she did not need to be in a nursing home (the cost for which was just under £1,500 per week). The worker arranged alternative accommodation/support for the woman in Sirona care and health Extra Care Housing scheme and the woman was able to be much more independent and have increased social opportunities whilst preserving her finances as this cost under £300 per week.

Story 2
An individual had been living in a residential home for a number of years; their needs had increased and although staffing hours had increased the home felt they would be better met in a nursing environment. With support from Occupational Therapists equipment was identified to reduce the need for two carers down to one, therefore enabling her to remain living in the residential home (which she had requested to do).

Story 3
A 14-year-old girl contacted her School Nurse to seek advice on how to continue to support her friend who confided in her; he was suffering from anxiety and had suicidal thoughts. Following an escalation with her friend the School Nurse arranged an emergency Children and Adolescent Mental Health Services (CAMHS) referral and informed the friend's parents. The 14-year girl is receiving ongoing support for her own high levels of anxiety in social situations. Through the combined approach of the School Nurse, GP and families both children are now receiving support form CAMHS and the girl also has counselling from Focus.

7.6.4 Workforce

Virgin Care are required to produce information on their Workforce as part of the Quality Schedule; below highlights some of the key information.

Item	Response	Date
Head count at the start of the Virgin Care contract	915 FTE (1315 staff)	01.04.2018
Current head count	820 FTE (1215 staff) key areas of reduction have been in active ageing, district nursing,	30.01.2020

	administration and reablement.[10]	
Current vacancies	43 FTE (mainly wards, reablement, physiotherapy / Orthopaedic Interface Service, social care)	30.01.2020
Leavers in the last 12 months	152 of which 31 have retired	30.01.2020
Sickness rates	4.70% (fluctuated between 3.20 – 4.70%)[11] The average year to date is 3.8%	30.01.2020

Whilst not highlighted in the table above the recruitment of Social Workers continues to be a challenge, replicated across social care nationally. Virgin Care, in considering workforce sustainability, acknowledged their need to place themselves more competitively in the market and reviewed the pay and management post structure across the organisation, resulting in adjusted pay scales and a structure that has attracted a greater number of Social Workers.

To address vacancy rates, Virgin Care has held a number of recruitment days for the following areas; Community Hospital wards, Social Care including Learning Disabilities, Therapists and District Nursing. Each of these service areas has a bespoke recruitment plan in place and agency and bank staff is being used to ensure service requirements are met.

Highlights from the most recent annual Have Your Say staff survey (carried out in May 2019) are as follows:

Good News / Positive Response	
1.	An increase from 67% to 79% of staff reported they are enthusiastic about coming to work
2.	An increase from 80% to 93% in performance appraisals on the previous year for all staff
3.	Increase from 72% to 93% of staff reported that their manager had supported them to receive some learning and development
4.	An increase from 72% to 84% of staff confirmed they knew what was expected of them in their role and responsibilities
5.	An increase from 76% to 84% of staff reported that they felt part of a team committed to do quality work
Less Good News / Concerns	
1.	Only 12% of staff identified that the performance appraisal had helped them improve how they would do their role. This has decreased from 22% in the previous year
2.	74% of staff reported that someone at work cares about their mental and physical health – this has remained the same as last year
3.	Only 10% of staff reported they were confident things would change as a result of the survey findings
4.	17% reported they had been involved in the previous survey action planning
5.	Only 13% of staff reported they knew if actions had been completed

[10] Note the transformation plan to deliver efficiencies agreed a reduction in head count and no clinical / professional staff have been made redundant as a result of this.

[11] This benchmarks well other health and social care providers.

Virgin Care have shared a detailed action plan with commissioners about steps they are taking to improve staff survey results to yield improvements next year.
The following areas of improvement are being undertaken by Virgin Care to address:

Confidence of change as a result of the survey Partnership forums will be used as a platform to update actions against results and line managers are building a local action plan and these action plans will be shared with colleagues through a series of engagement workshops. HR Quarterly best practice manager workshops have been planned and more regular communication updates to celebrate all areas of improvement across the organisation.
Performance appraisal linked to improvement in job role Deep dive to be undertaken to focus on understanding what needs to change to support colleagues. Appraisal workshops with managers to ensure conversations are meaningful with line reports. Undertake a review ratio of line manager to colleagues with the aim of reduce excessive team sizes.
Visibility of Executive team Quarterly road shows to be planned into the annual calendar which use senior leadership team principles and updates. Use partnership forum and listening groups to confirm expectations on the Executive. Programme board pack to be used to disseminate key messages across all BaNES colleagues.
Making Healthcare and social care services better Share all service data with both managers and colleagues and update colleagues on transformations projects through established communication channels.

Statutory and mandatory training remains an area of improvement for Virgin care, with an overall percentage remaining below the target at 82%. Virgin Care have appointed a replacement Training and Education Lead who will be meet with relevant managers and look at strategies to deliver the expected target.

8. Next Steps

1. Contract service specification variations are being completed before the end of March 2020
2. SDIP agreement will be in place by the end of March 2020
3. Key Performance Indicators for Adult Social Care in relation to Strengths Based Approach will be reported from June 2020 and collected from April 2020
4. Routine update report back to Panel the following:
   - ✓ Performance and activity data (comparator benchmarks)
   - ✓ Workforce data
   - ✓ Complaints information
   - ✓ Financial update
   - ✓ Transformation update

Contact person	Lesley Hutchinson (01225 396339) and Claire Thorogood (01225 477272)
Background papers	*None*
Please contact the report author if you need to access this report in an	

alternative format

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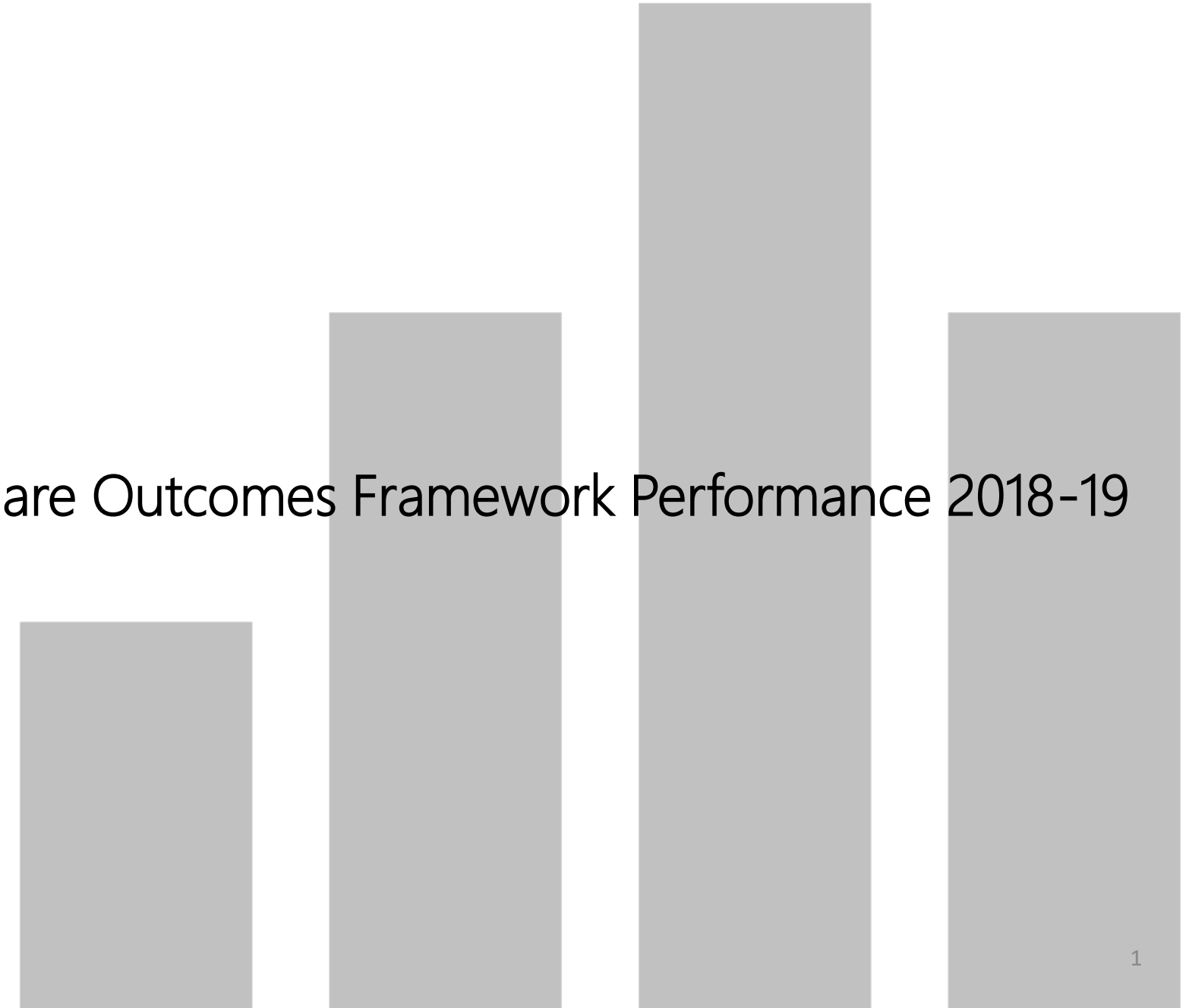
B&NES Adult Social Care Outcomes Framework Performance 2018-19



B&NES Adult Social Care Outcomes Framework performance, 2018/19

Contents

Click on the grey boxes on this page to view the latest information on each measure.

For definitions of these measures, visit:
https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions

B&NES Adult Social Care Outcomes Framework Performance 2018/19 - summary

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Domain 1: enhancing quality of life for people with care and support needs

Measure	Measure description	B&NES	England	South West	Best quartile	Bottom quartile
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	0.429	●	●	●	
1D	Carer-reported quality of life score	8.0	●	●	●	
1A	Social care-related quality of life score	19.7	●	●	●	
1F	The proportion of adults in contact with secondary mental health services in paid employment	10.0%	●	●		
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support	69.0%	●	●		
1E	The proportion of adults with a learning disability in paid employment	10.1%	●	●	●	
1G	The proportion of adults with a learning disability who live in their own home or with their family	78.3%	●	●		
1C(2B)	The proportion of carers who receive direct payments	100.0%	●	●	●	
1C(1B)	The proportion of carers who receive self-directed support	100.0%	●	●	●	
1I2	The proportion of carers who reported that they had as much social contact as they would like	39.5%	●	●	●	
1B	The proportion of people who use services who have control over their daily life	78.9%	●			
1C(2A)	The proportion of people who use services who receive direct payments	24.0%				
1C(1A)	The proportion of people who use services who receive self-directed support	89.9%	●			
1I1	The proportion of people who use services who reported that they had as much social contact as they would like	49.6%	●	●	●	
	Total		**13**	**11**	**8**	**0**

Domain 2: delaying and reducing the need for care and support

Measure	Measure description	B&NES	England	South West	Best quartile	Bottom quartile
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	15.0				
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	460.6	●	●		
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	83.2%	●	●		
2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	6.7%	●	●	●	
2C(1)	Delayed transfers of care from hospital, per 100,000 population	13.1				◆
2C(2)	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	4.9				◆
2C(3)	Delayed transfers of care from hospital that are jointly attributable to NHS and adult social care, per 100,000 population	0.4	●	●		
2D	The outcome of short-term services: sequel to service	67.8%				◆
	Total		**4**	**4**	**1**	**3**

Domain 3: ensuring people have a positive experience of care and support

Measure	Measure description	B&NES	England	South West	Best quartile	Bottom quartile
3B	Overall satisfaction of carers with social services	41.4%	●	●		
3A	Overall satisfaction of people who use services with their care and support	69.4%	●	●	●	
3D(2)	The proportion of carers who find it easy to find information about support	62.8%	●			
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	69.3%		●		
3D(1)	The proportion of people who use services who find it easy to find information about support	71.0%	●	●		
	Total		**4**	**4**	**1**	**0**

Domain 4: safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Measure	Measure description	B&NES	England	South West	Best quartile	Bottom quartile
4A	The proportion of people who use services who feel safe	71.1%	●	●		
4B	The proportion of people who use services who say that those services have made them feel safe and secure	90.3%	●	●	●	
	Total		**2**	**2**	**1**	**0**

Overall ▶

Total measures

29

Measure	England	South West	Best quartile	Bottom quartile
Total	**23**	**21**	**11**	**3**

B&NES' performance against the ASCOF measures remains generally good, with top-quartile performance for 11 of 29 measures. B&NES is also performing better than the national and regionasl averages for 23 and 21 measures respectively. However, Domain 2 is a significant area of challenge, particularly for Delayed Transfers of Care.

● B&NES is better than the national or regional average or is in the top quartile of all LAs (as applicable)

◆ B&NES is in the bottom quartile of all LAs

Domain 1: Enhancing quality of life for people with care and support needs

Quality of Life

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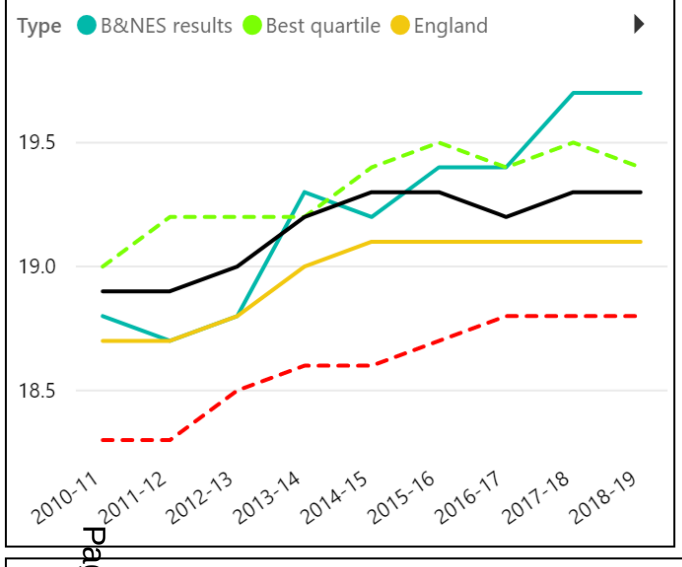
ASCOF 1A: Social care-related quality of life



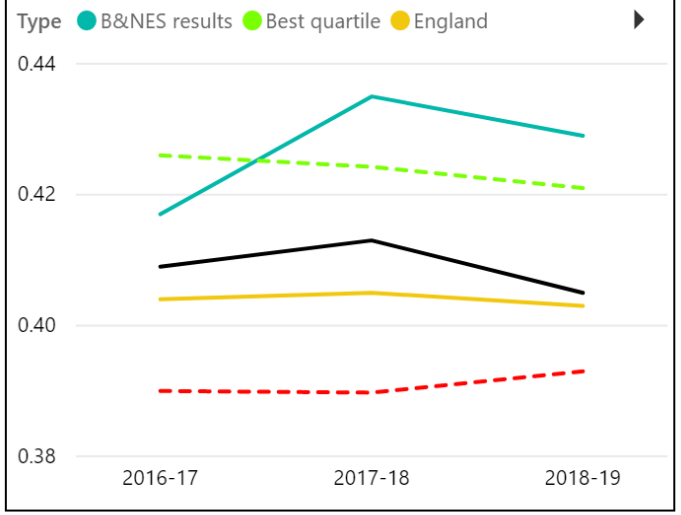
Latest result: 19.7

Rank out of 152 LAs 2018/19: 10

Quartile: Top

Intended direction of travel: ↑

ASCOF 1J: adjusted social care-related quality of life - impact of Adult Social Care services



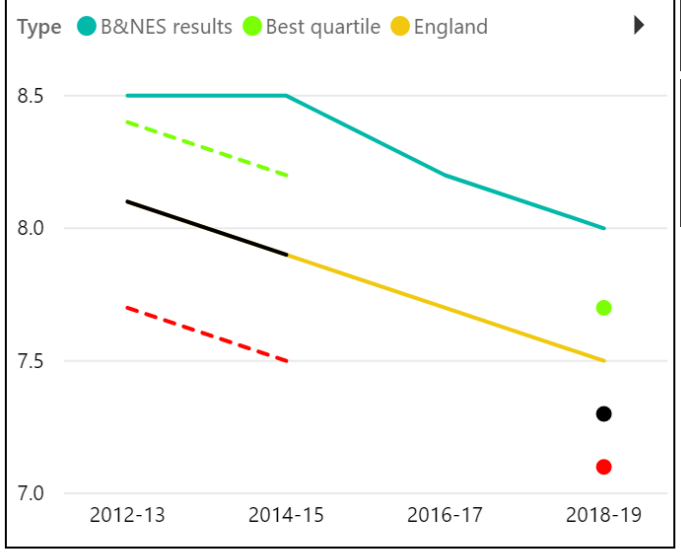
Latest result: 0.43

Rank out of 152 LAs 2018/19: 19

Quartile: Top

Intended direction of travel: ↑

ASCOF 1D: Carer-reported quality of life



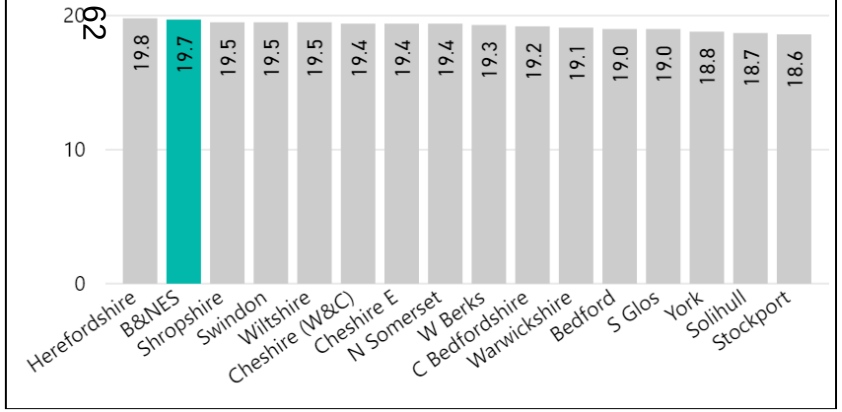
Latest result: 8.0

Rank out of 152 LAs 2018/19: 11

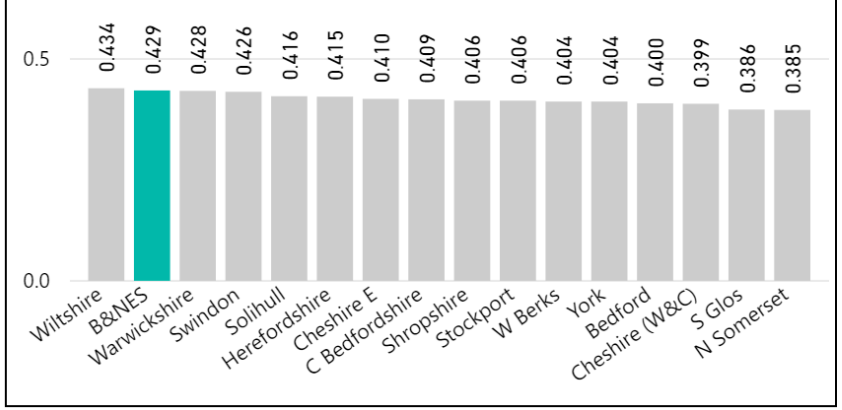
Quartile: Top

Intended direction of travel: ↑

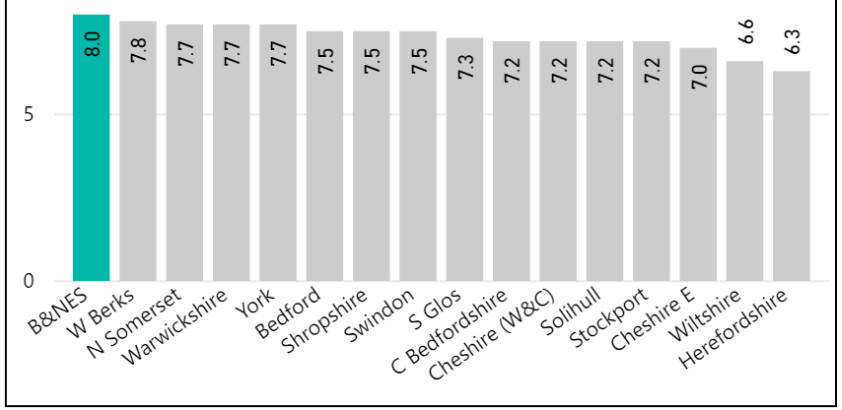
1A by CIPFA Local Authority statistical near neighbours 2018/19



1J by CIPFA Local Authority statistical near neighbours 2018/19



1D by CIPFA Local Authority statistical near neighbours 2018/19



Domain 1: Enhancing quality of life for people with care and support needs

Quality of Life

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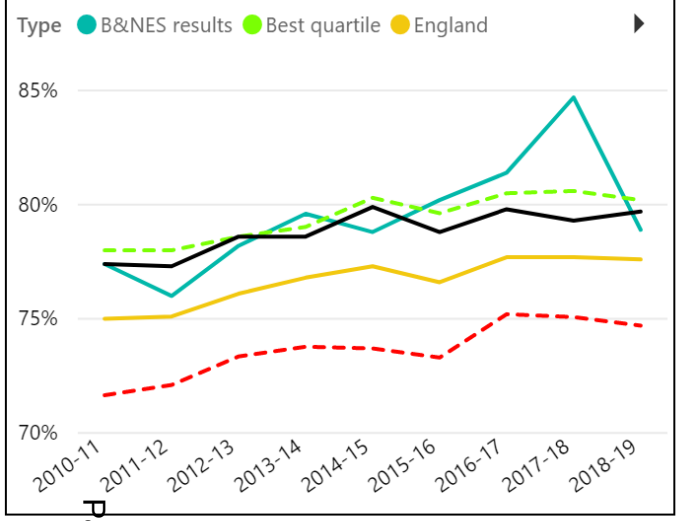
ASCOF 1B: proportion of people who use services who have control over their daily life



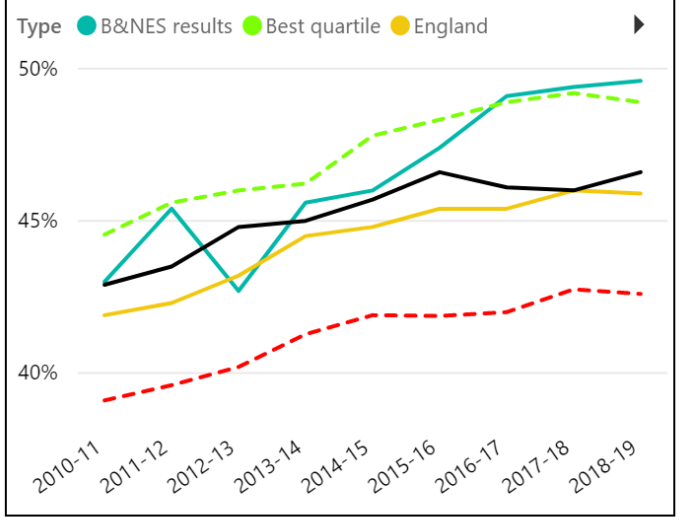
Latest result: 78.9%

Rank out of 152 LAs 2018/19: 59

Quartile: Interquartile range

Intended direction of travel: ↑

ASCOF 1I1: proportion of service users who reported that they had as much social contact as they would like



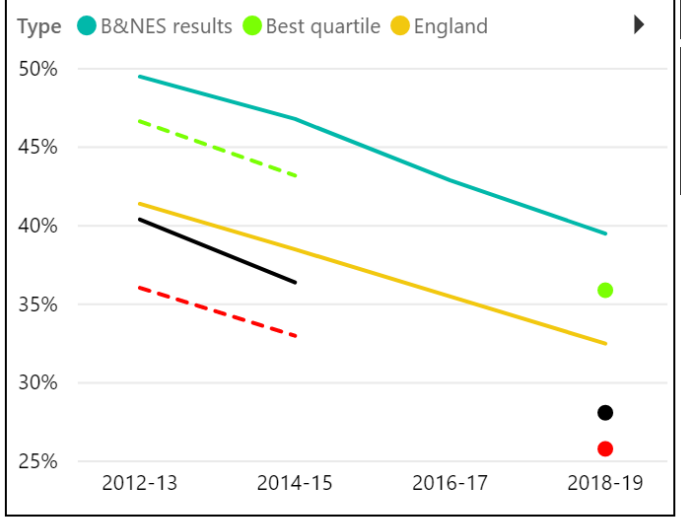
Latest result: 49.6%

Rank out of 152 LAs 2018/19: 26

Quartile: Top

Intended direction of travel: ↑

ASCOF 1I2: proportion of carers who reported that they had as much social contact as they would like



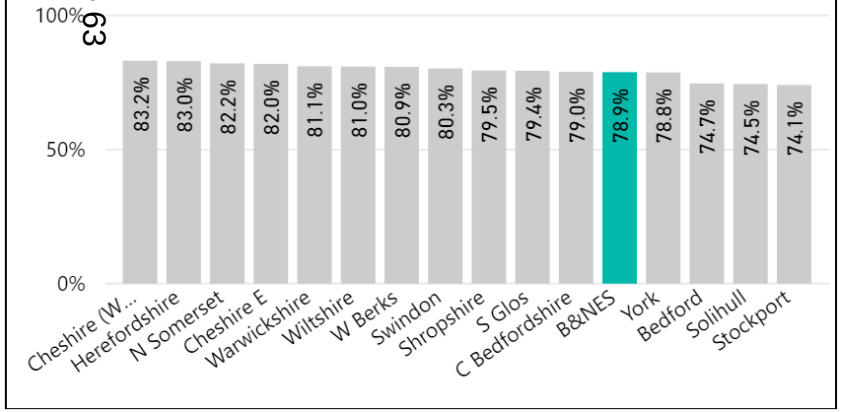
Latest result: 39.5%

Rank out of 152 LAs 2018/19: 16

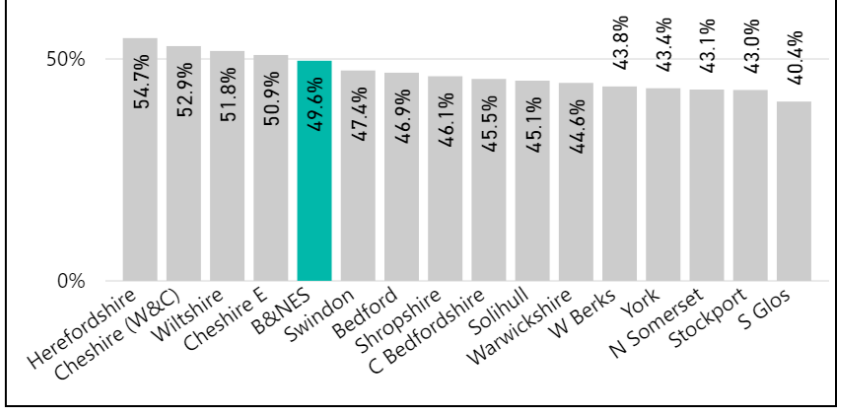
Quartile: Top

Intended direction of travel: ↑

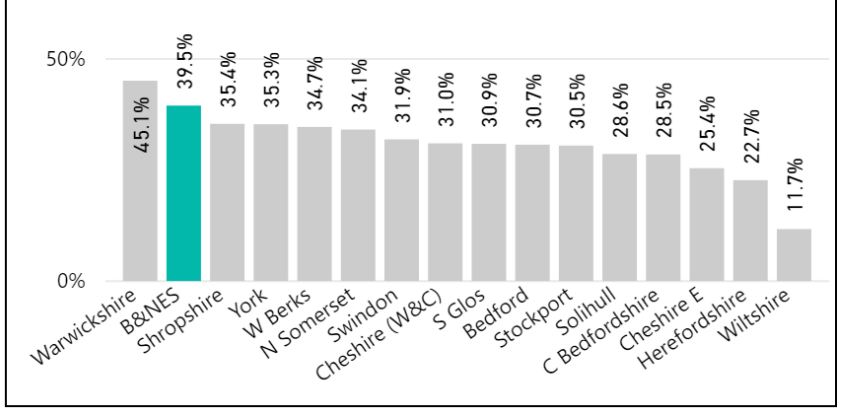
1B by CIPFA Local Authority statistical near neighbours 2018/19



1I1 by CIPFA Local Authority statistical near neighbours 2018/19



1I2 by CIPFA Local Authority statistical near neighbours 2018/19



Domain 1: Enhancing quality of life for people with care and support needs

Self-directed support

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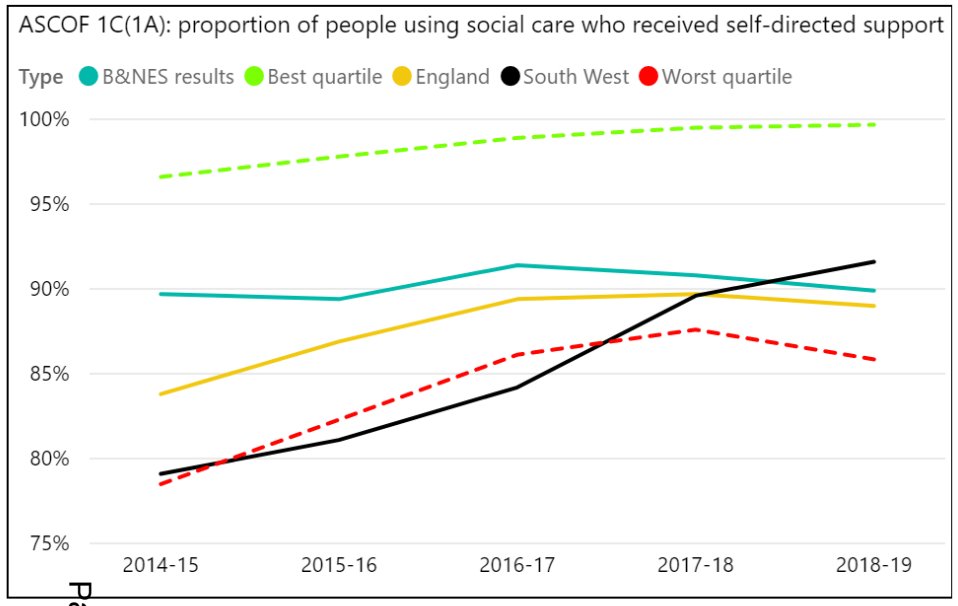


Latest result

89.9%

Rank out of 152 LAs 2018/19

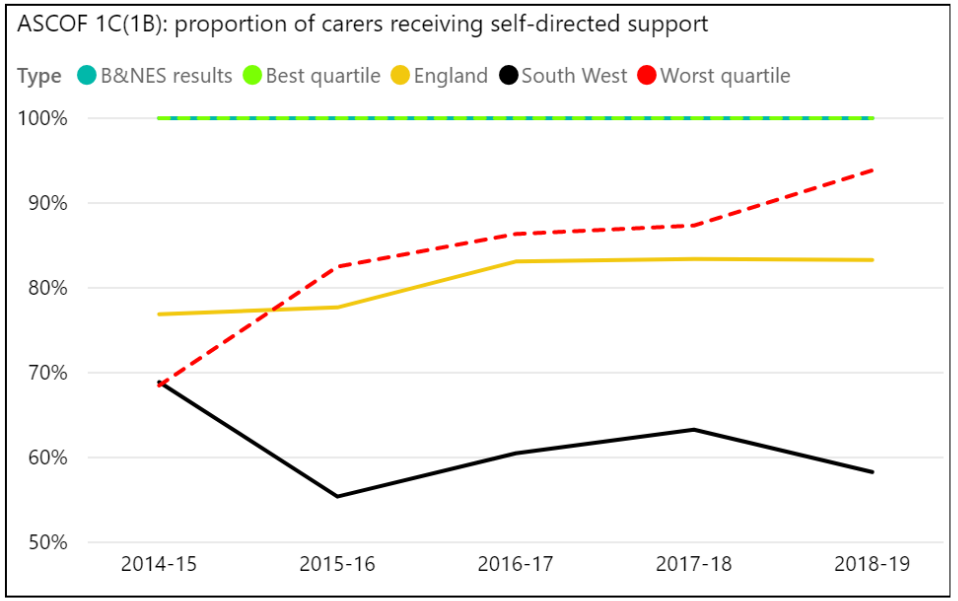
102

Quartile

Interquartile range

Intended direction of travel

↑



Latest result

100%

Rank out of 152 LAs 2018/19

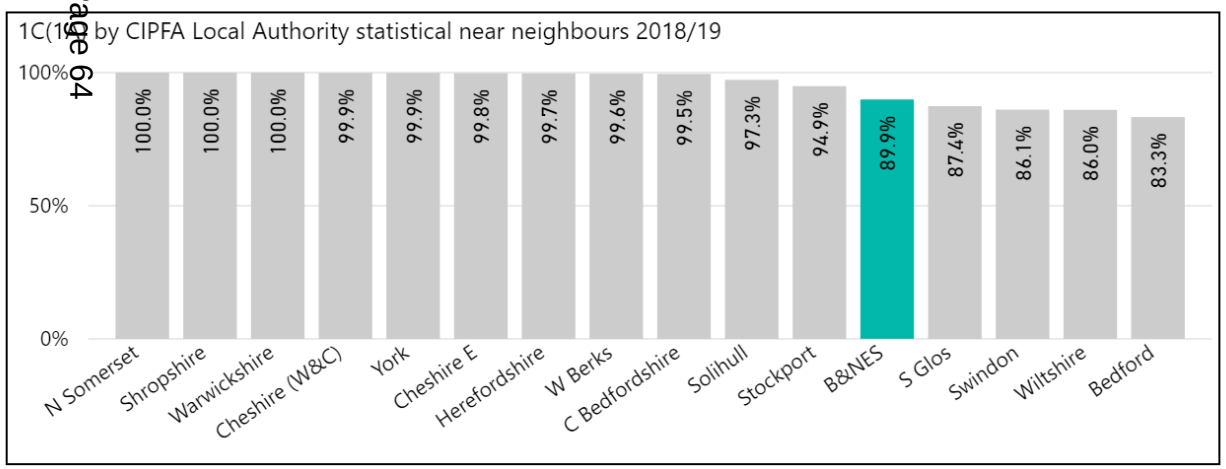
1

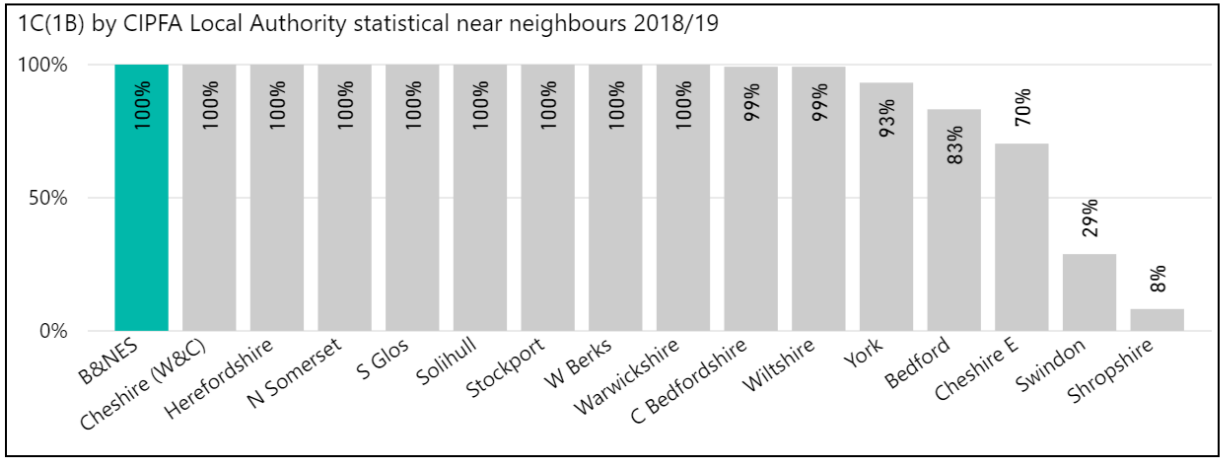
Quartile

Top

Intended direction of travel

↑





Domain 1: Enhancing quality of life for people with care and support needs

Direct payments

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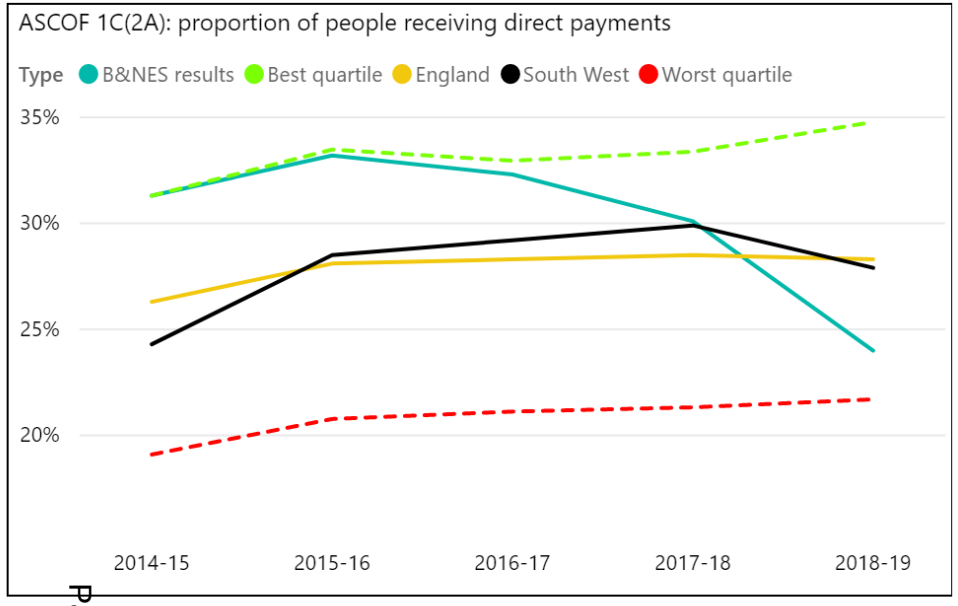
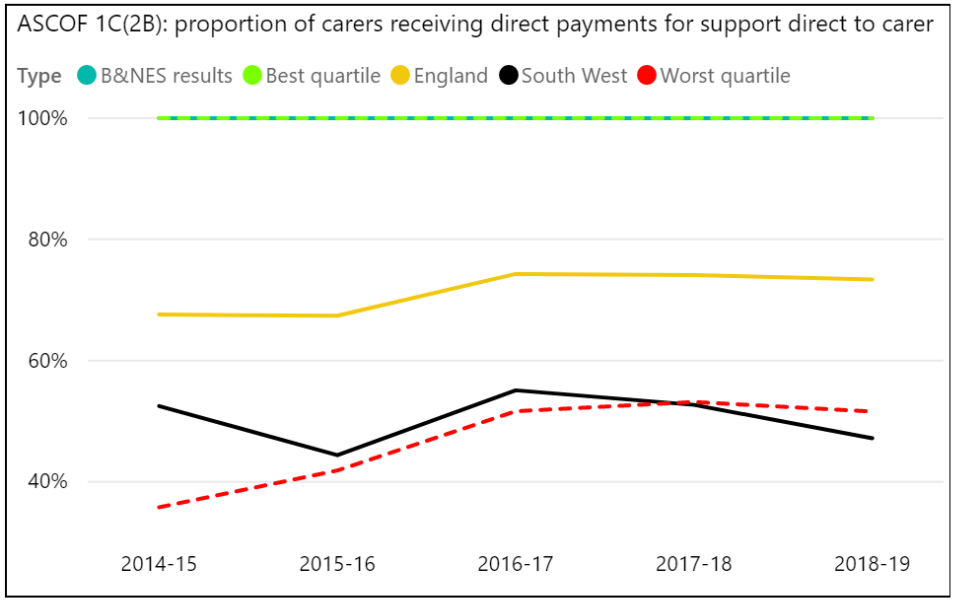


Latest result
24%

Rank out of 152 LAs 2018/19
102

Quartile
Interquartile range

Intended direction of travel
↑

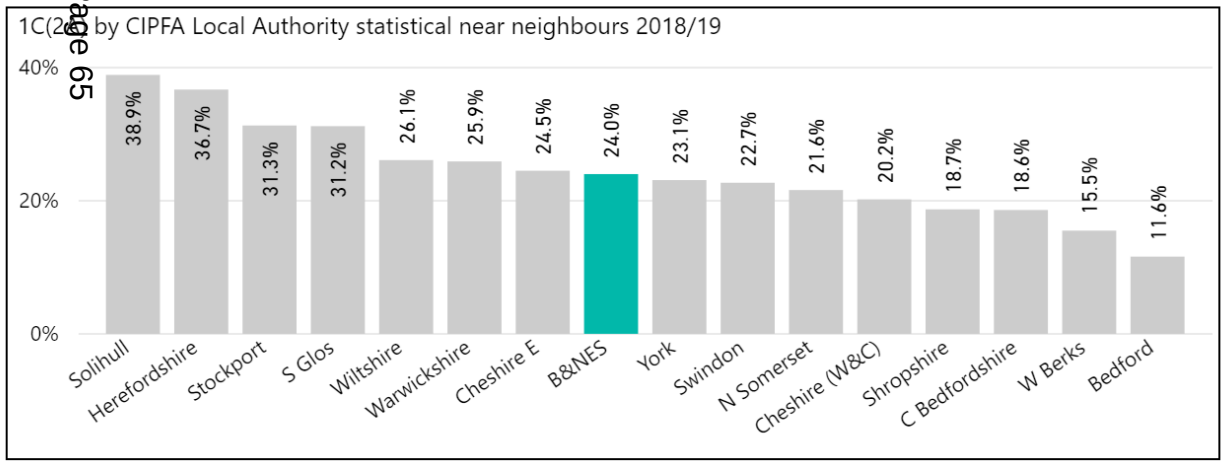


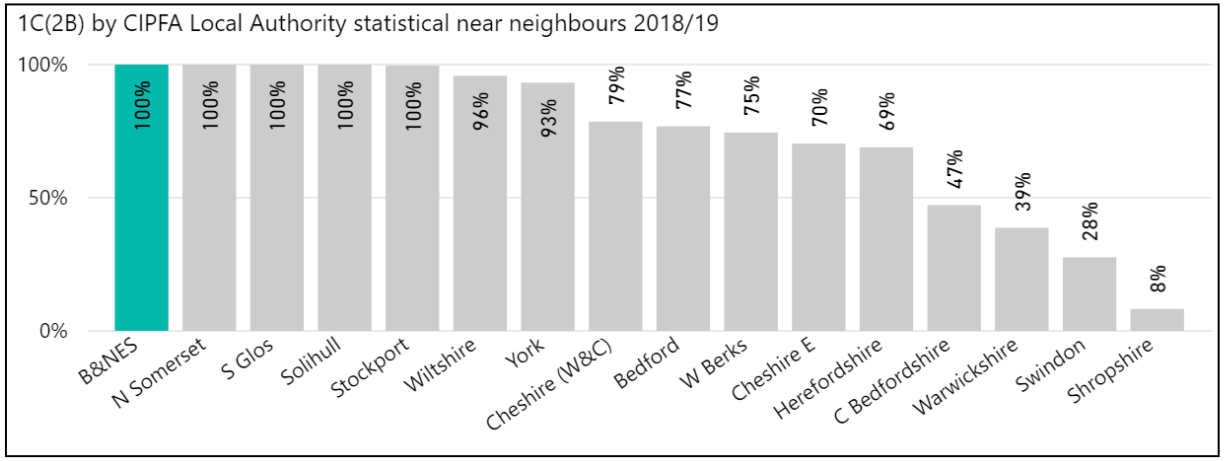
Latest result
100%

Rank out of 152 LAs 2018/19
1

Quartile
Top

Intended direction of travel
↑





The proportion of service users receiving direct payments (DPs) has fallen sharply in 2018/19, due in large part to an urgent review of DPs after a provider change. The review established that some service users were not eligible for DPs, so they no longer count towards this measure. Training for providers and service users has been delivered to improve uptake, but the Council remains focused on providing DPs only where it is appropriate for the service user. While the rate is below the national and regional averages, it is not out of step with statistically similar local authorities.

Domain 1: Enhancing quality of life for people with care and support needs

Learning Disabilities

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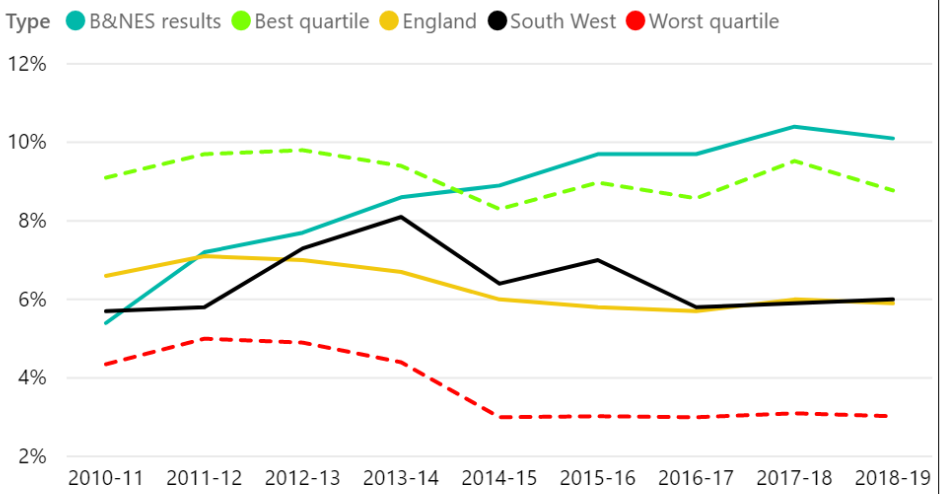
ASCOF 1E: proportion of adults with primary support reason of LD support in paid employment



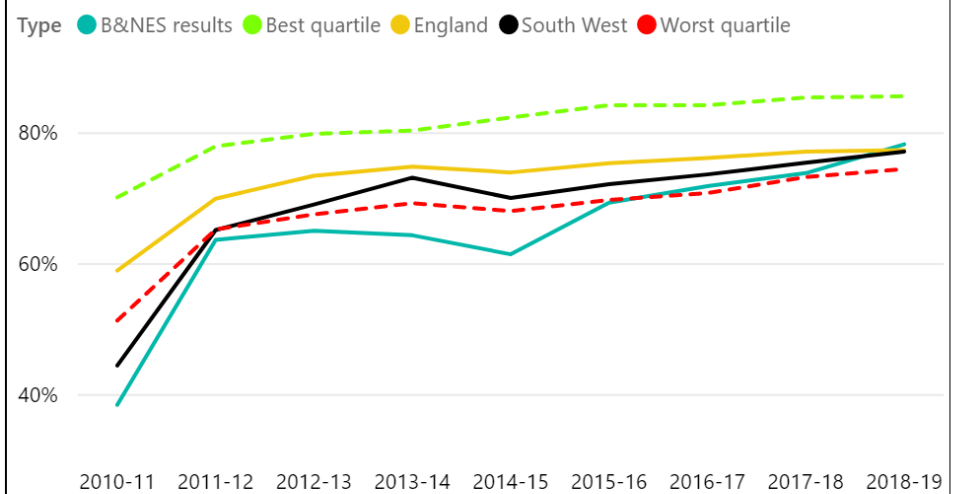
Latest result: 10.1%

Rank out of 152 LAs 2018/19: 28

Quartile: Top

Intended direction of travel: ↑

ASCOF 1G: proportion of adults with primary support reason of LD support who live in their own home or with family



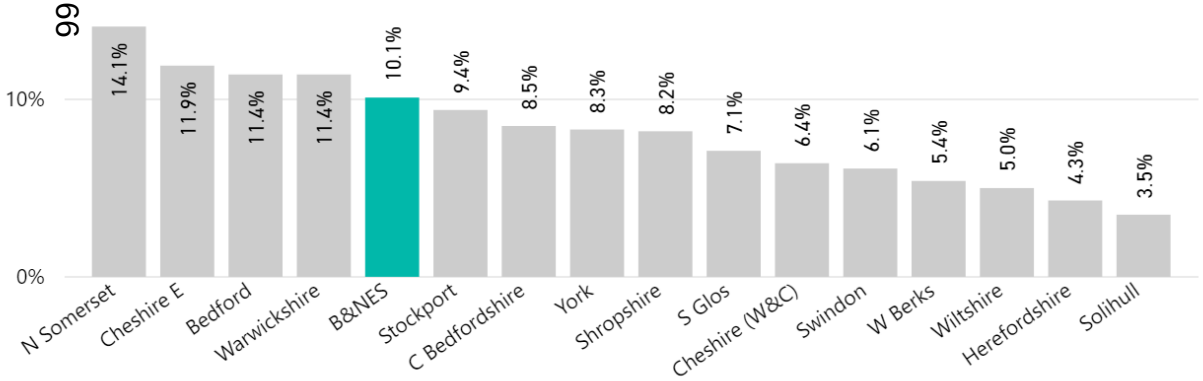
Latest result: 78.3%

Rank out of 152 LAs 2018/19: 81

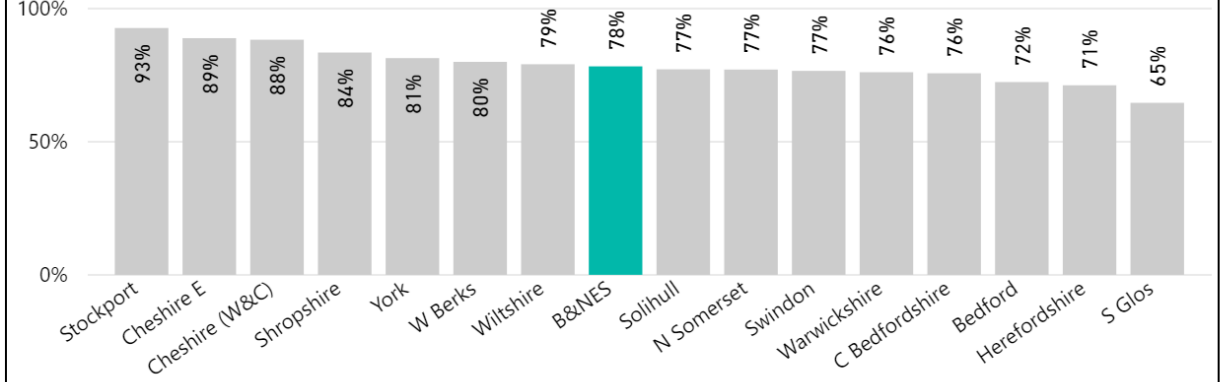
Quartile: Interquartile range

Intended direction of travel: ↑

1E by CIPFA Local Authority statistical near neighbours 2018/19



1G by CIPFA Local Authority statistical near neighbours 2018/19



Domain 1: Enhancing quality of life for people with care and support needs

Mental Health

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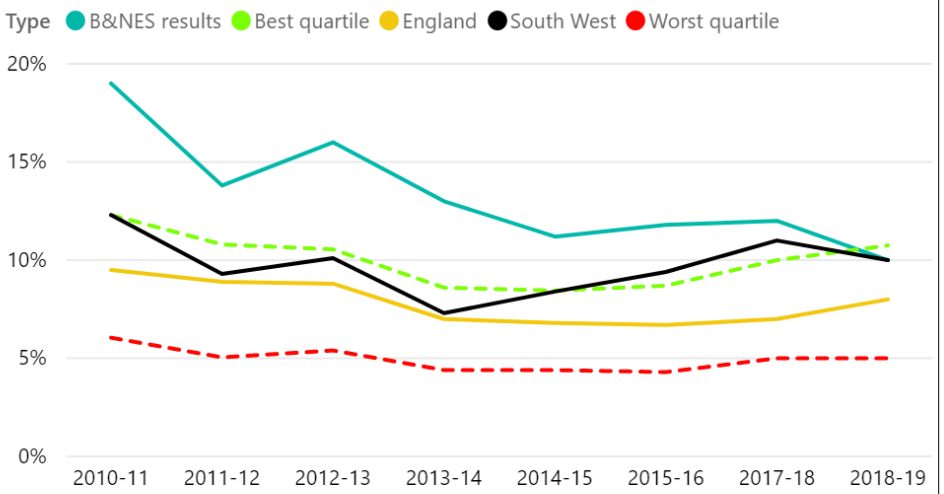
ASCOF 1F: proportion of adults in contact with secondary mental health services in paid employment



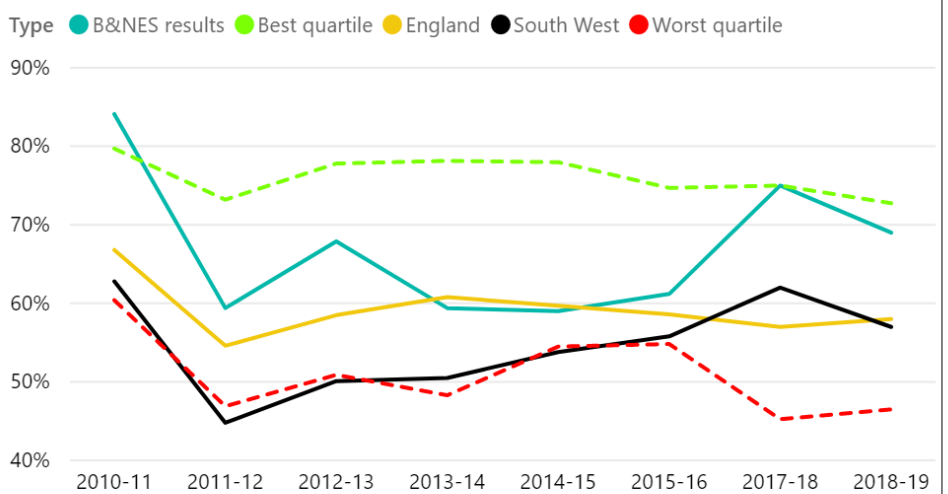
Latest result: 10%

Rank out of 152 LAs 2018/19: 39

Quartile: Interquartile range

Intended direction of travel: ↑

ASCOF 1H: proportion of adults in contact with secondary MH services living independently



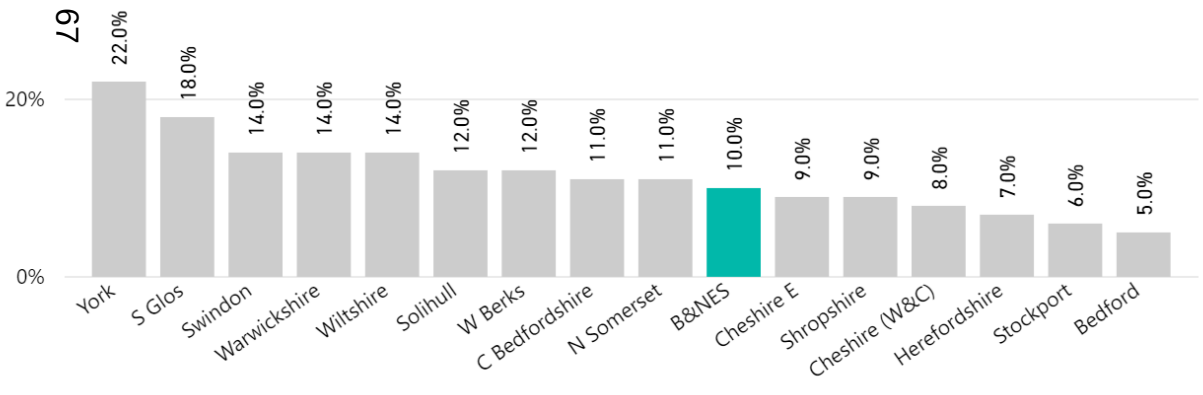
Latest result: 69%

Rank out of 152 LAs 2018/19: 56

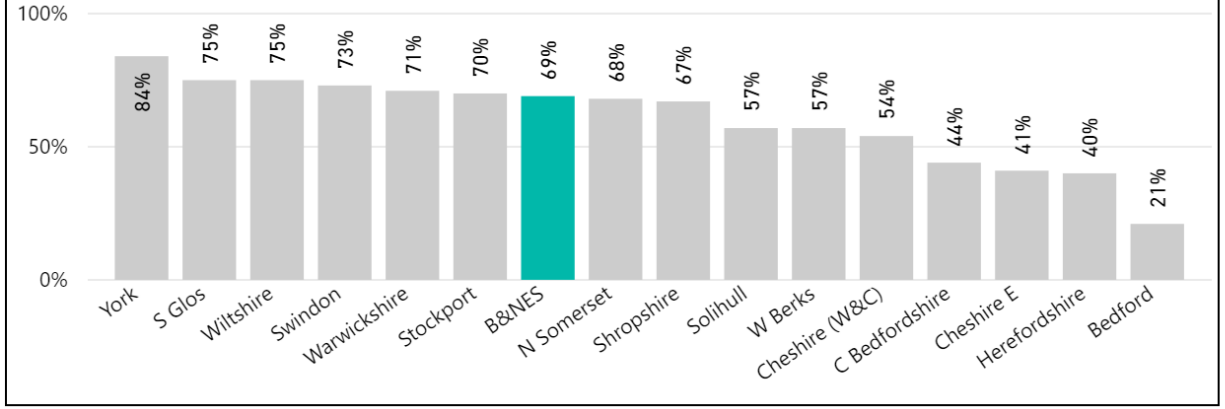
Quartile: Interquartile range

Intended direction of travel: ↑

1F by CIPFA Local Authority statistical near neighbours 2018/19



1H by CIPFA Local Authority statistical near neighbours 2018/19



Domain 2: Delaying and reducing the need for care and support

Care Home admissions

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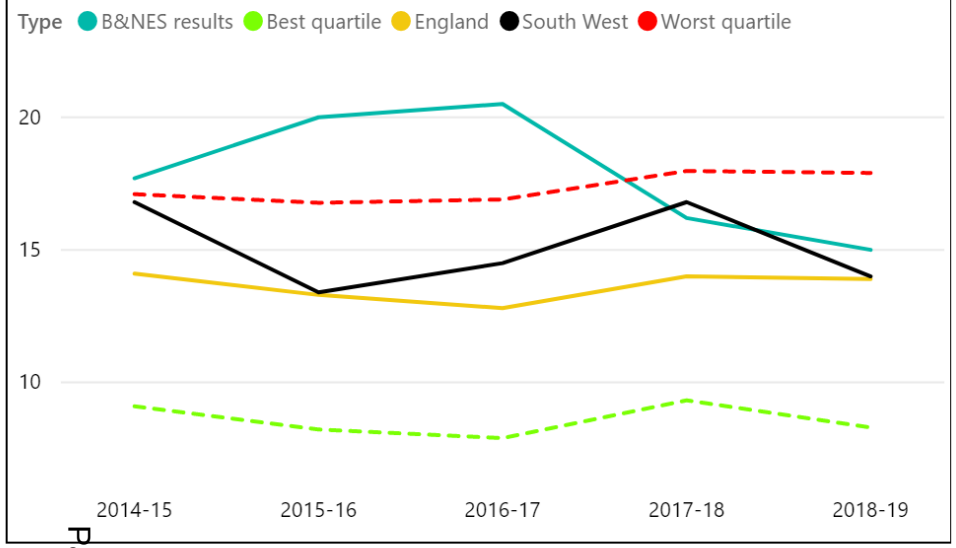
ASCOF 2A(1): long-term support needs met by admission to care home (18-64)



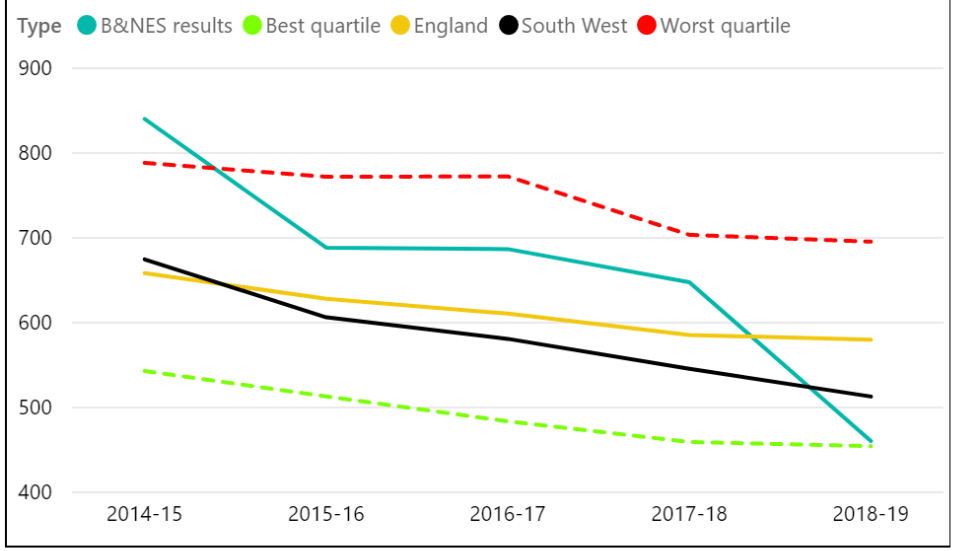
Latest result: 15.0

Rank out of 152 LAs 2018/19: 91

Quartile: Interquartile range

Intended direction of travel: ↓

ASCOF 2A(2): long-term support needs met by admission to care home (65+)



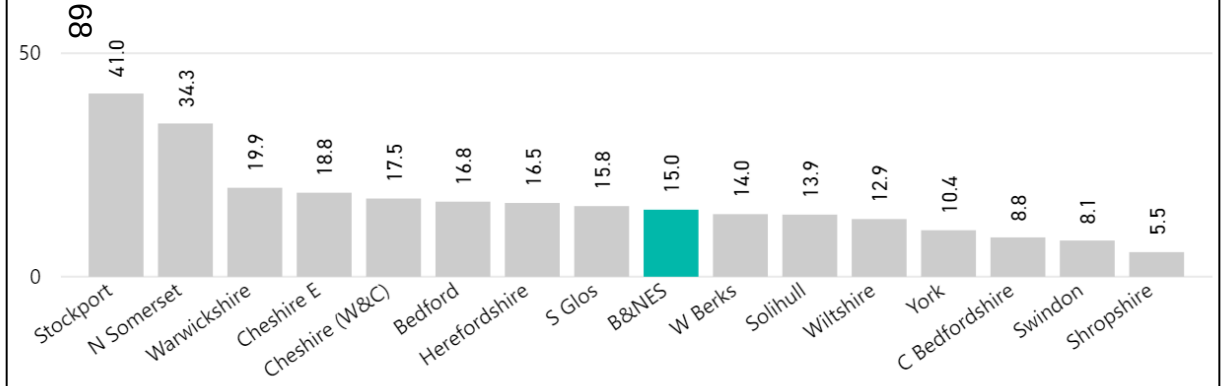
Latest result: 460.6

Rank out of 152 LAs 2018/19: 40

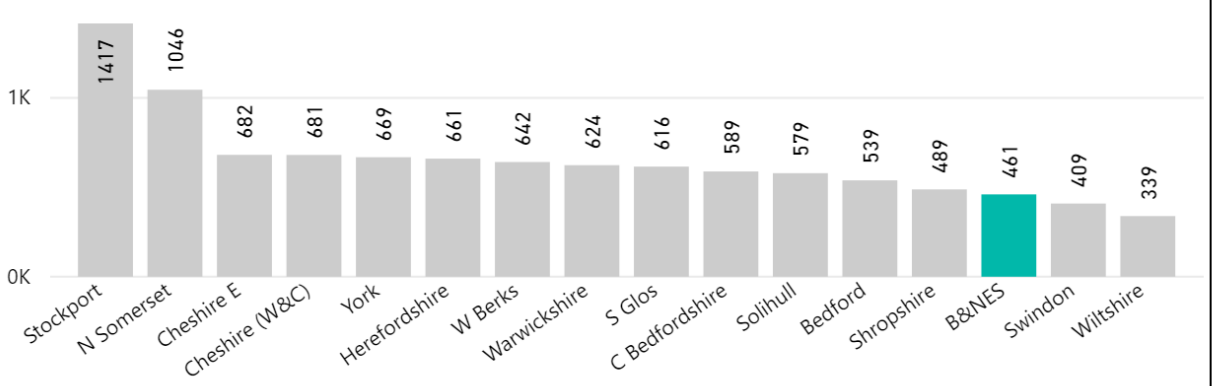
Quartile: Interquartile range

Intended direction of travel: ↓

2A(1) by CIPFA Local Authority statistical near neighbours 2018/19



2A(2) by CIPFA Local Authority statistical near neighbours 2018/19



Both measures are derived from the statutory Short and Long Term (SALT) return. In 2018/19, the Council reviewed and revised its its process for generating the SALT return and, in doing so, identified that a number of potential admissions to care homes were not linked to requests for support and technically could not be counted in SALT without skewing the data on new requests for support. The ASCOF scores for 2018/19 are therefore potentially undercounting the number of new requests, but work is continuing to review data inouts and reporting processes to understand - and fix - the cause. The dramatic improvement in measure 2A(2) in particular is reflective of a change in reporting rather than an actual reduction in new placements. If all potential new admissions were included in the return, B&NES would likely have been in the lowest quartile for measure 2A(2).

A number of Better Care Fund schemes for 2019/20 will help to reduce or delay the onset of long term care needs, including Home First, Reablement, the Falls Rapid Response service, and Pathway 3 beds. Winter Pressures schemes, such as the OT at the front door scheme and a review of double-handed packages will support increased capacity in domiciliary care as the provision of equipment will offer earlier access to the right level of care in the right setting.

Domain 2: Delaying and reducing the need for care and support

Reablement

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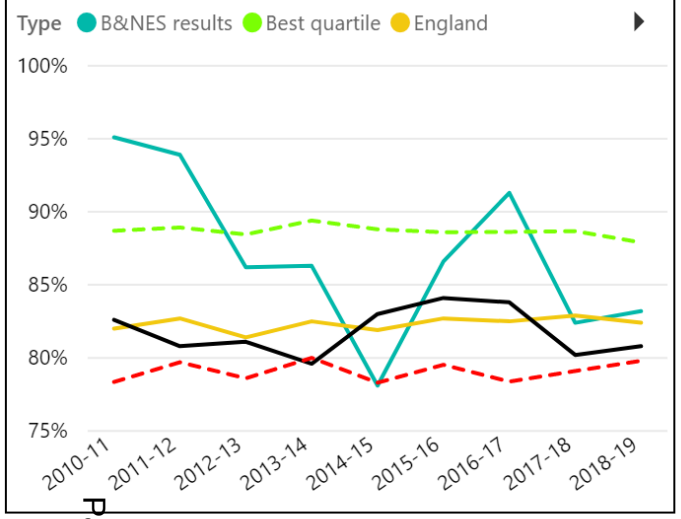
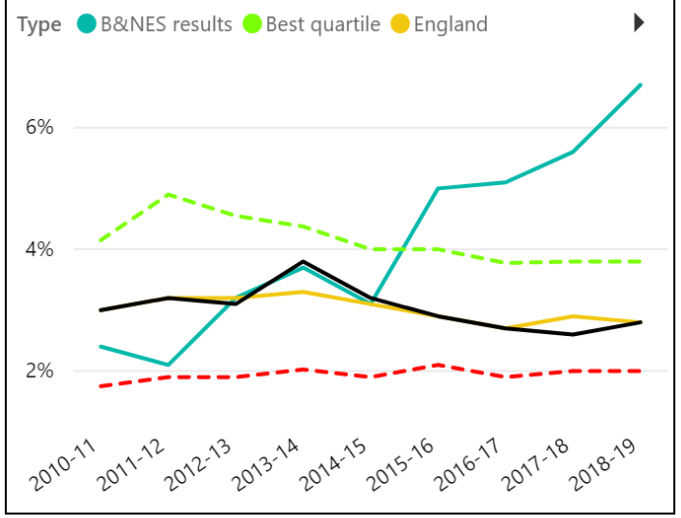
ASCOF 2B(1): proportion of older people (65+) still at home 91 days after discharge into reablement



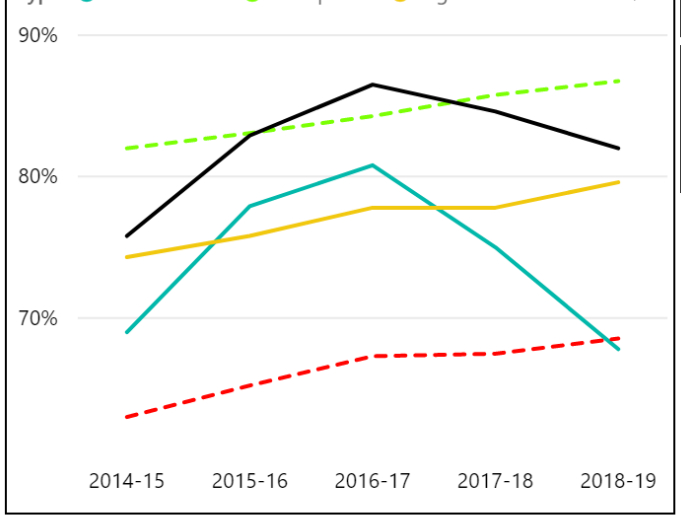
Latest result	Rank out of 152 LAs 2018/19	Quartile	Intended direction of travel
83.2%	85	Interquartile range	↑

ASCOF 2B(2): proportion of older people (65+) offered reablement services following discharge from hospital



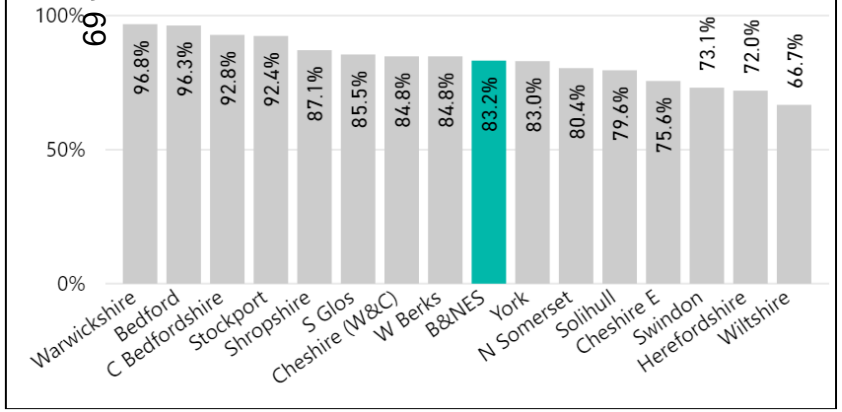
Latest result	Rank out of 152 LAs 2018/19	Quartile	Intended direction of travel
6.7%	9	Top	↑

ASCOF 2D: outcome of short-term services: sequel to service

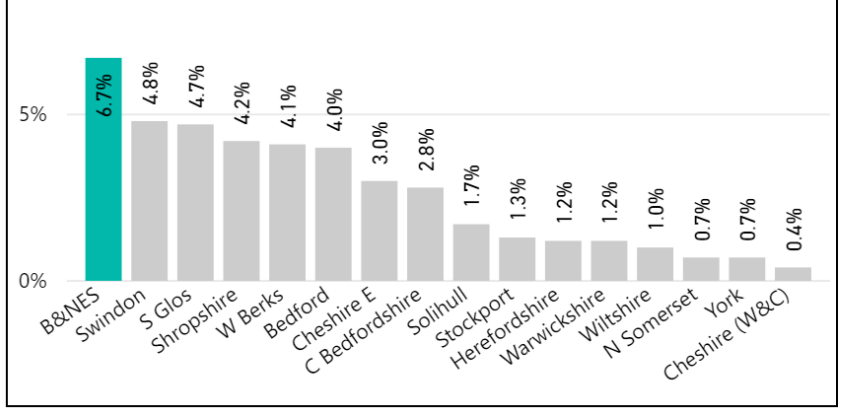


Latest result	Rank out of 152 LAs 2018/19	Quartile	Intended direction of travel
67.8%	116	Bottom	↑

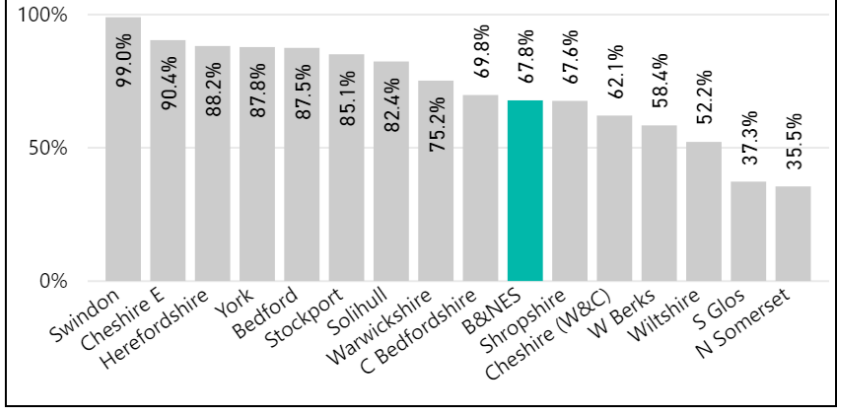
2B(1) by CIPFA Local Authority statistical near neighbours 2018/19



2B(2) by CIPFA Local Authority statistical near neighbours 2018/19

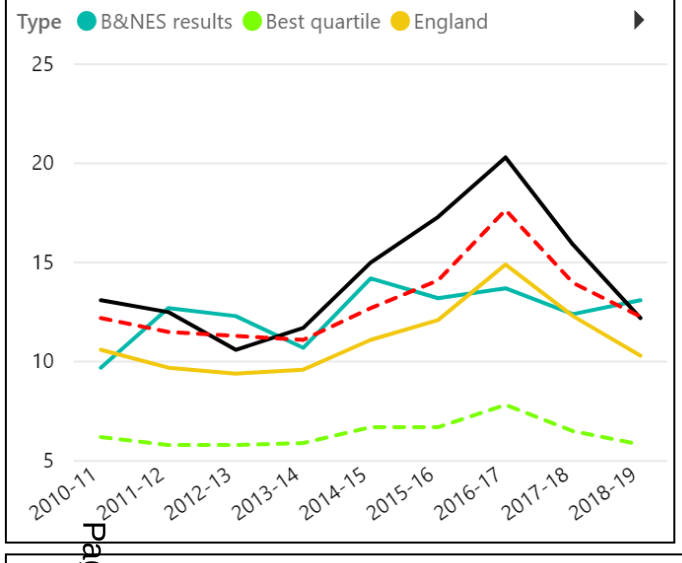


2D by CIPFA Local Authority statistical near neighbours 2018/19



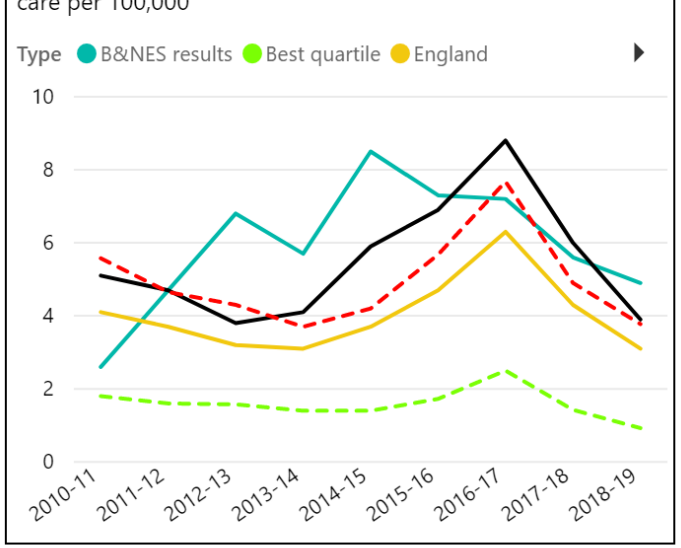
Reporting for 2B(1) changed during 2017/18 when, after the change of provider, the previous method of calculation was identified as over-counting the number of people still at home. While performance is lower from 2017/18 onwards, this doesn't represent a deterioration in outcomes for people. Performance improved in 2018/19 and is above the national and regional averages. For 2B(2), the percentage of people offered reablement on discharge continues to be in the top quartile nationally. The proportion of people who either required no services, ongoing low level support or other short term support (2D) has dropped in 2018/19, into the lowest quartile. A revised process for counting reablement episodes that are linked to a *social care* request for support (in accordance with SALT guidance) means that fewer people are in scope of the indicator in 2018/19, so each case not included in the numerator has a higher percentage impact than in previous years; this doesn't necessarily reflect a worsening of outcomes for service users. Work continues to ensure that the correct sequels for SALT are recorded on LiquidLogic and SystmOne so that people are appropriately categorised for this measure.

ASCOF 2C(1): delayed transfers of care per 100,000



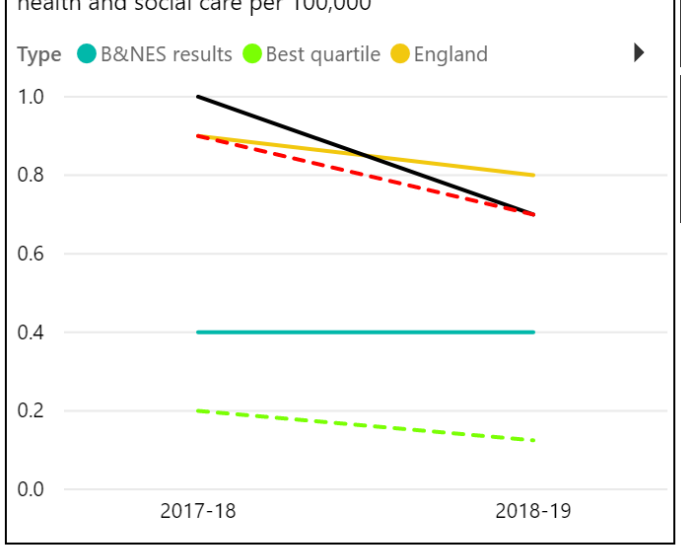
Latest result	Rank out of 152 LAs 2018/19	Quartile	Intended direction of travel
13.1	122	Bottom	↓

ASCOF 2C(2): delayed transfers of care attributable to social care per 100,000



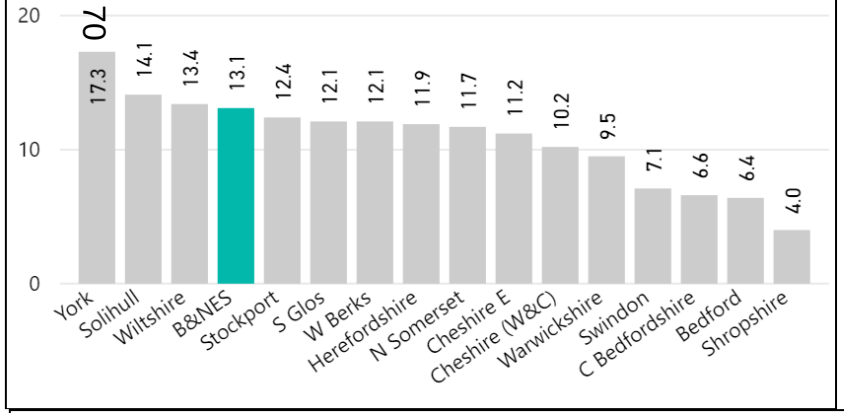
Latest result	Rank out of 152 LAs 2018/19	Quartile	Intended direction of travel
4.9	130	Bottom	↓

ASCOF 2C(3): delayed transfers of care jointly attributable to health and social care per 100,000

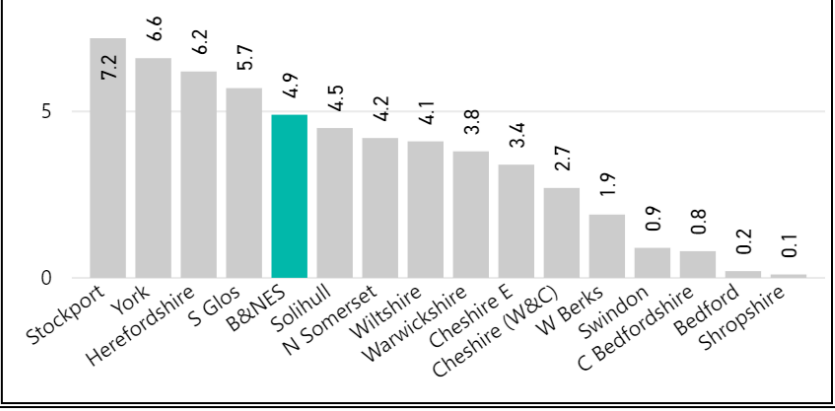


Latest result	Rank out of 152 LAs 2018/19	Quartile	Intended direction of travel
0.4	78	Interquartile range	↓

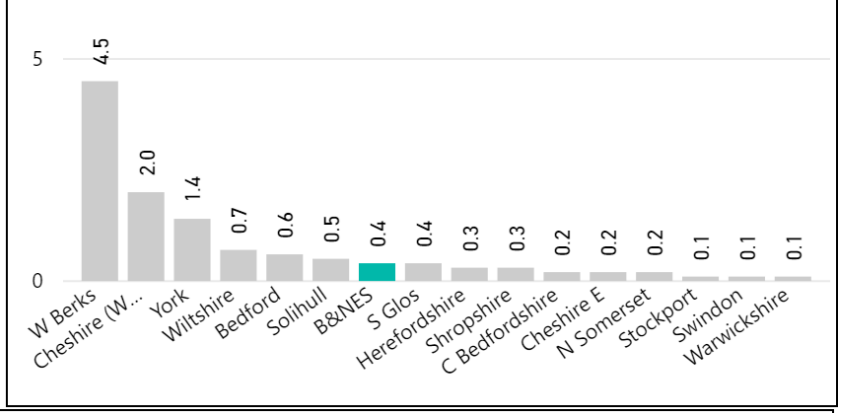
2C(1) by CIPFA Local Authority statistical near neighbours 2018/19



2C(2) by CIPFA Local Authority statistical near neighbours 2018/19



2C(2) by CIPFA Local Authority statistical near neighbours 2018/19



Delayed Transfers of Care (DTOC) performance has been affected by data quality issues across the system in the past three years and 2018/19 was the first full year in which all providers were submitting national returns, which measns that 2018/19 results are not comparable with previous years on a like-for-like basis. While the overall rate (2C(1)) has increased in 2018/19, the level of growth is less than anticipated given the increase in providers submitting their data nationally. Despite this, B&NES is in the lowest quartile nationally, and worse than the South West average, The rate of social-care-attributable delays has reduced for B&NES , continuing the trend since 2014/15, but it remains in the bottom quartile of local authorities. Performance for the measure of jointly-attributable delays remains good.

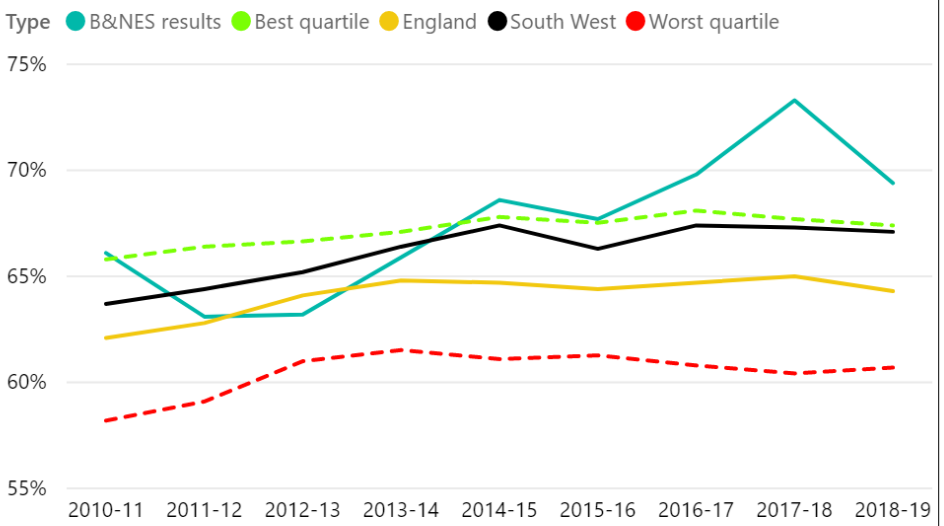
The challenges experienced in 2018/19 remain in effect in 2019/20. Work continues across the system to improve the speed of discharge and Winter Pressures schemes intend to support improved flow through the system during the period where already high demand increases.

Domain 3: Ensuring that people have a positive experience of care

Satisfaction

Back to contents

ASCOF 3A: overall satisfaction of people who use services with their care and support



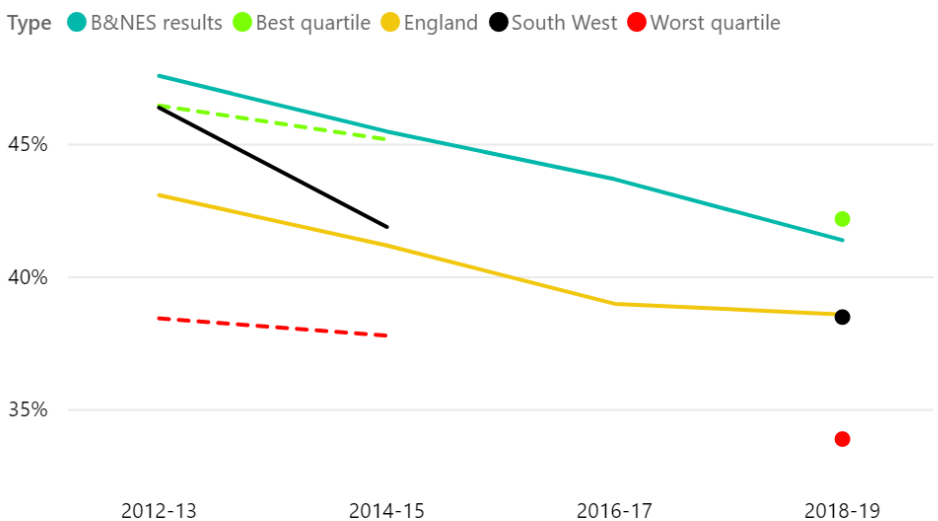
Latest result: 69.4%

Rank out of 152 LAs 2018/19: 19

Quartile: Top

Intended direction of travel: ↑

ASCOF 3B: overall satisfaction of carers with social services



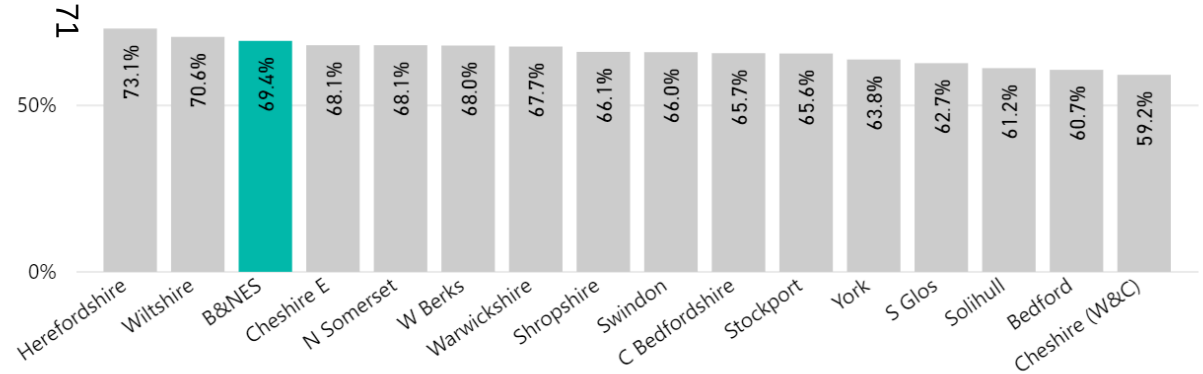
Latest result: 41.4%

Rank out of 152 LAs 2018/19: 46

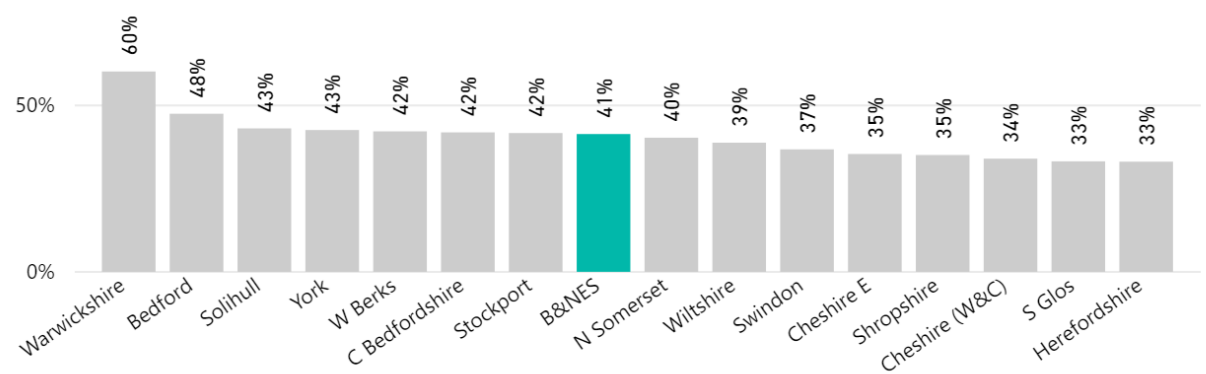
Quartile: Interquartile range

Intended direction of travel: ↑

3A by CIPFA Local Authority statistical near neighbours 2018/19



3B by CIPFA Local Authority statistical near neighbours 2018/19

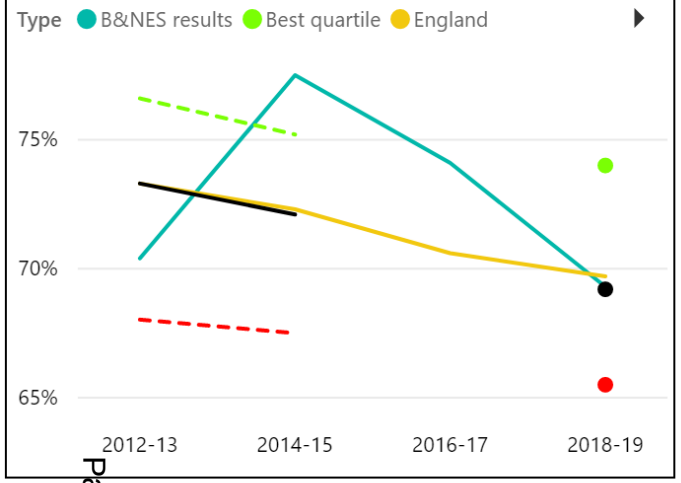


Domain 3: Ensuring that people have a positive experience of care

Consultation and information

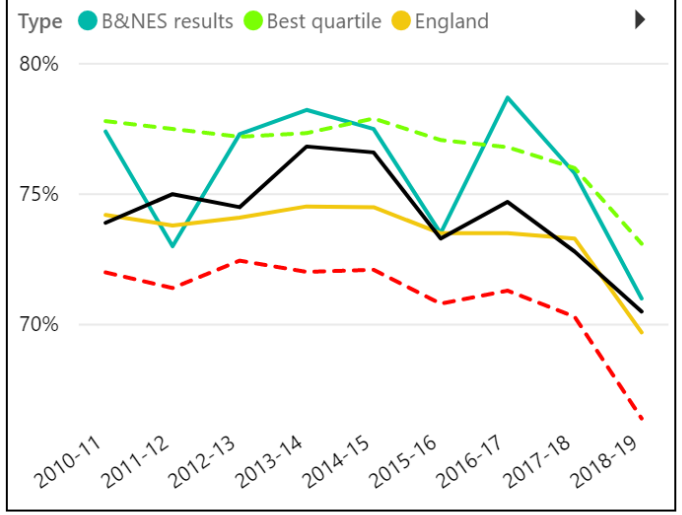
Back to contents

ASCOF 3C: proportion of carers who report that they have been included or consulted in discussion about the person they care for



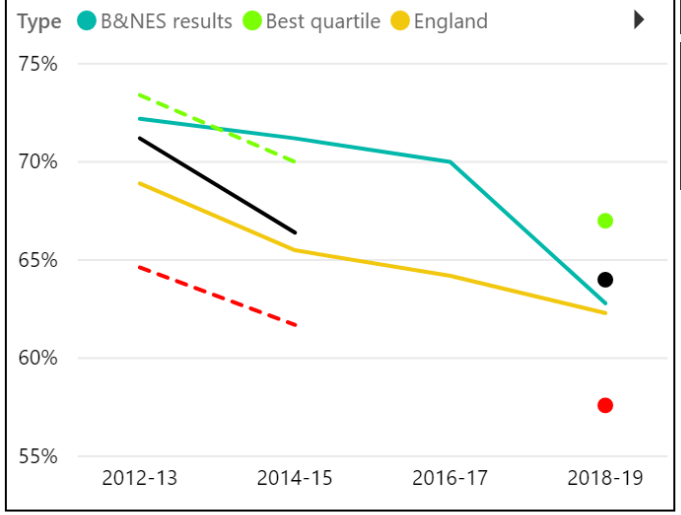
Latest result	Rank out of 152 LAs 2018/19	Quartile	Intended direction of travel
69.3%	78	Interquartile range	↑

ASCOF 3D(1): proportion of service users who find it easy to find information about support



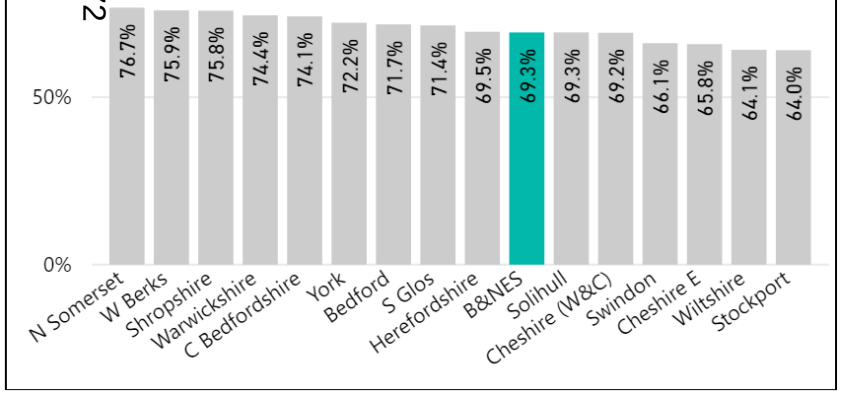
Latest result	Rank out of 152 LAs 2018/19	Quartile	Intended direction of travel
71%	67	Interquartile range	↑

ASCOF 3D(2): proportion of carers who find it easy to find information about support

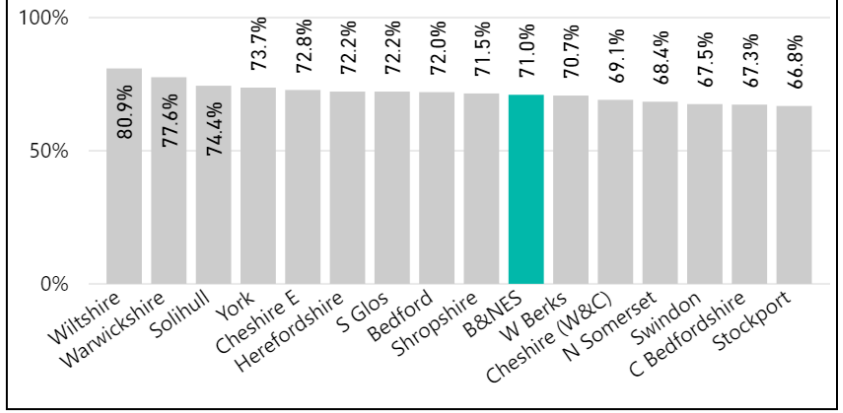


Latest result	Rank out of 152 LAs 2018/19	Quartile	Intended direction of travel
62.8%	71	Interquartile range	↑

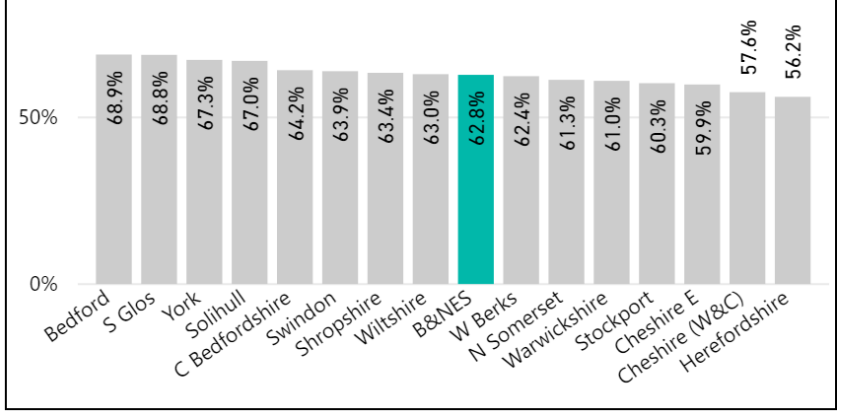
3C by CIPFA Local Authority statistical near neighbours 2018/19



3D(1) by CIPFA Local Authority statistical near neighbours 2018/19



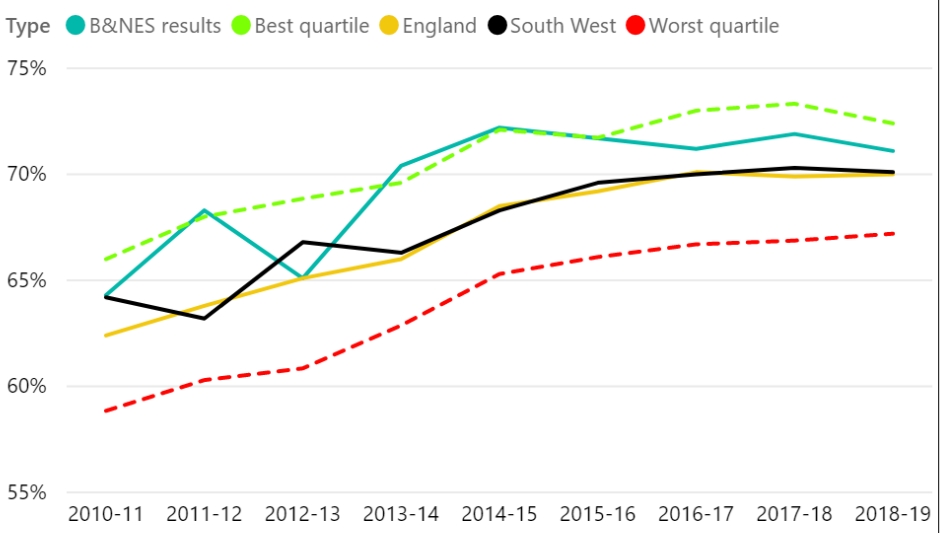
3D(2) by CIPFA Local Authority statistical near neighbours 2018/19



Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Back to contents

ASCOF 4A: proportion of people who use services who feel safe



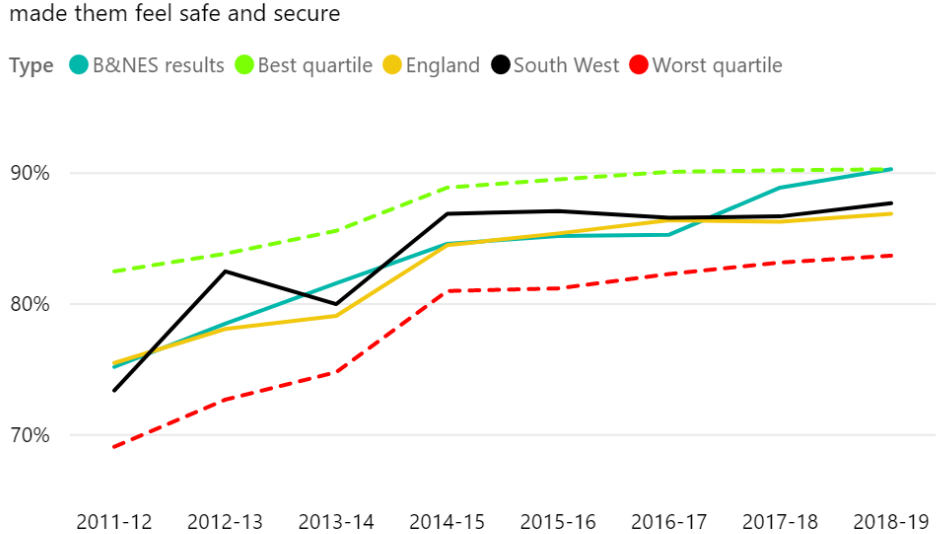
Latest result
71.1%

Rank out of 152 LAs 2018/19
60

Quartile
Interquartile range

Intended direction of travel
↑

ASCOF 4B: proportion of people who use services who say that those services have made them feel safe and secure



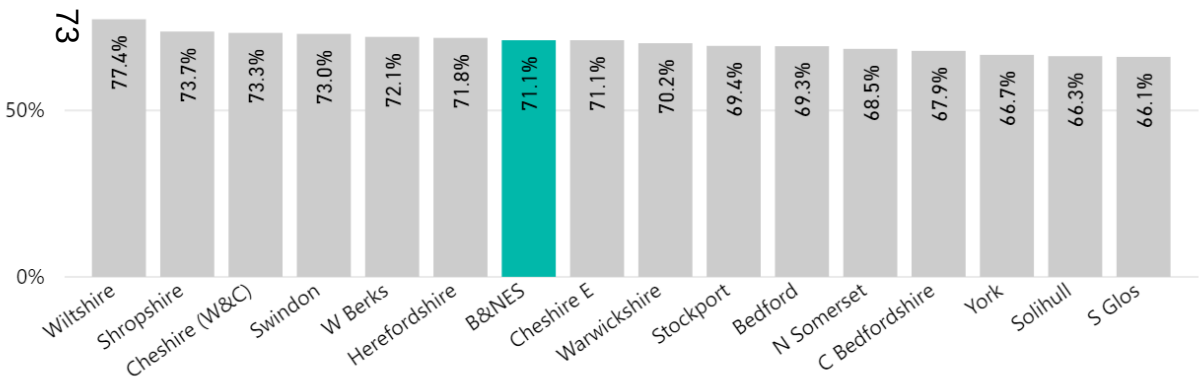
Latest result
90.3%

Rank out of 152 LAs 2018/19
37

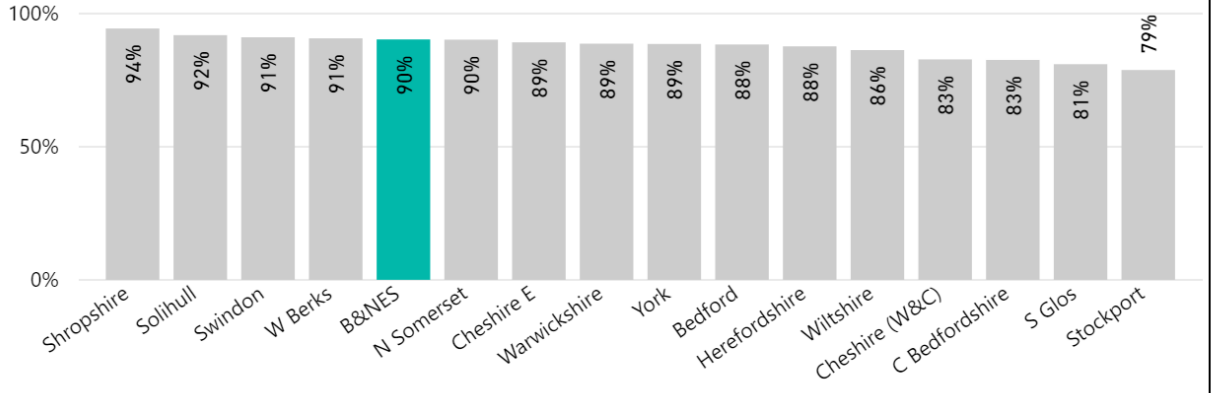
Quartile
Top

Intended direction of travel
↑

4A by CIPFA Local Authority statistical near neighbours 2018/19



4B by CIPFA Local Authority statistical near neighbours 2018/19



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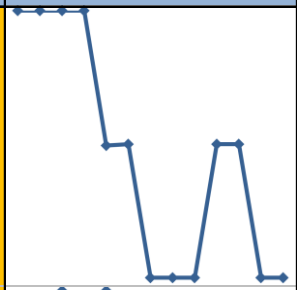
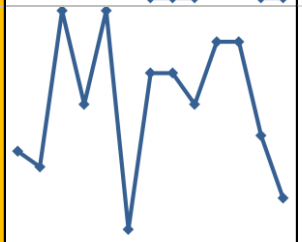
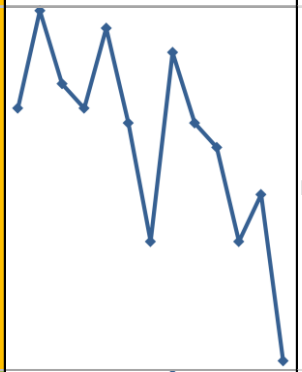
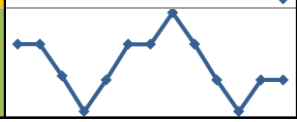
Annex 2: B&NES performance reporting

Contents

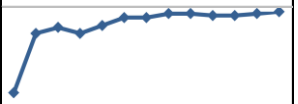
Part 1: Excerpt from Integrated Quality and Performance Report (IQPR), February 2020

Adult Social Care performance

Short Description	Performance							Trend	Supporting Narrative
	Target	In period			To improve	Year to date			
Proportion of Service Users using Direct Payments	25%	20.0%	A	⇔ Dec	⇧	20%	A		Performance dipped slightly in November 2019 and continued below the revised target. Following the drop in numbers in receipt of direct payments (DPs) in 2018, work continues to review processes for delivering DPs with the focus remaining on making sure that they are offered to people in the cases where it is appropriate to do so. Training has been provided to Virgin Care teams over the last 6 months. Managed DPs are continuing to be reviewed. Training to service users to enable them to feel confident to manage their DP themselves is continuing to be delivered until March 2020.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (Virgin only)	85%	75.0%	A	⇧ Sep	⇧	83%	A		This measure is reported each quarter, with a two month lag before data is published to allow for all relevant checks to take place to determine whether a person was still at home. Year-to-date performance has been updated to include people who were in hospital at 91 days, but who hadn't appeared in reports run earlier in the year. In-month performance for Septemeber was the lowest in the year-to-date. However, there were fewer hospital discharges into reablement for over 65s in September, so each person discharged has a higher impact on the overall rate. Year-to-date performance is now 2% below the plan level.
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	51	30	G	⇩ Dec	⇩	468	A		There were 11 (actual) admissions in December which is 5 fewer than November's position. The rate per 100,000 was significantly better than the 2019/20 BCF trajectory, but the year-to-date figure is 2% higher than planned. However, the rate is 13% better than the 2018/19 average level, with the reduction just below the planned three placements per month. 7 of these admissions were into residential homes with the remaining 4 into nursing homes. Nine admissions were led by community social works teams and two were led by mental health social work teams. The data source continues to be reviewed to ensure that all admissions counted in this measure are linked to requests for support, assessments or reviews in accordance with the guidance for the statutory Short and Long Term (SALT) return for social care.
Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care per 100,000 population	1.5	0.8	G	⇔ Dec	⇩	10.8	G		There was one admissions for younger adults in December. This was an admission to a nursing home for a person under the care of the community social work team. The year-to-date average continues to be better than planned.

Details on the indicators can be found in the glossary at the end of this report.

Learning Disabilities performance

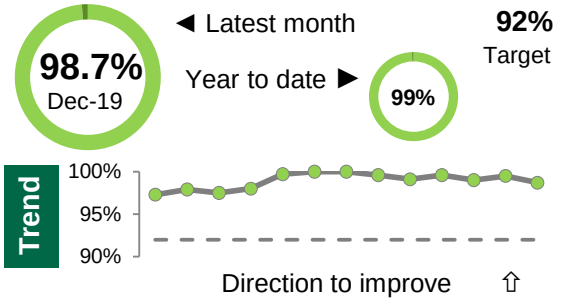
Short Description	Performance							Trend	Supporting Narrative
	Target	In period			To improve	Year to date			
Proportion of adults with learning disabilities in paid employment	9.5%	12.6%	G	⇔ Dec	⇧	12.6%	G		The employment measure remains above target as B&NES performs in the top quartile of all local authorities for this measure. Performance for the accommodation measure also continued above target in December
Proportion of adults with learning disabilities who live in their own home or with their family	72%	78.6%	G	⇧ Dec	⇧	78.6%	G		

Details on the indicators can be found in the glossary at the end of this report.

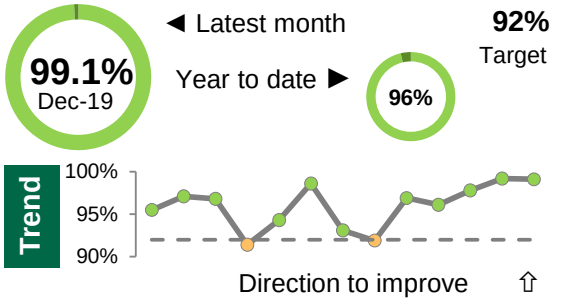
The national Learning Disabilities ASCOF metrics are calculated based on all the adults with learning disabilities supported in the year even if they leave the service mid year. So each April a clean set of data is calculated based on clients currently using the service and only uses employment and accommodation data where the client has been reviewed recently.

Specialist Community Services performance

Orthopaedic Interface Service: % waiting under 18 weeks for treatment



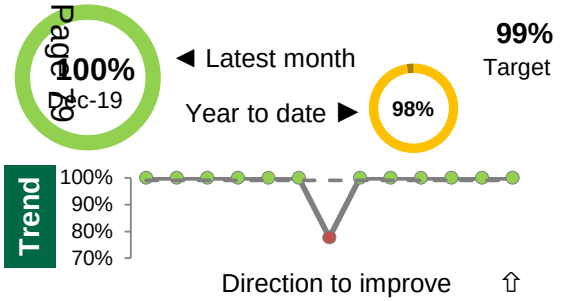
Falls Service: % waiting under 18 weeks for treatment



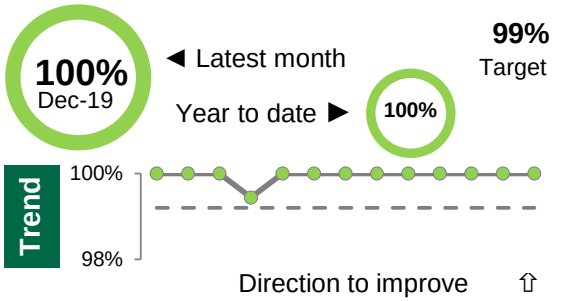
Commentary

These measures contribute to BaNES CCG's performance against the NHS Constitution RTT standard. Orthopaedic Interface Service (OIS) performance remains above target but the waiting list increased as projected. New staff commenced in January and February and a return from sickness absence has bolstered capacity. Falls service performance remained above target. Median time to treatment for OIS increased to 12.0 weeks and the falls median wait was 6.6 weeks.

Heart Failure Clinic: % of patients seen within 6 weeks



% of patients waiting under 6 weeks for community audiology assessment

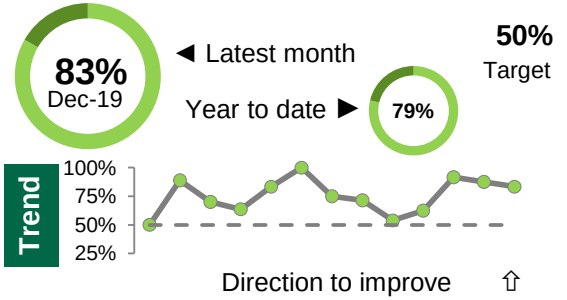


Commentary

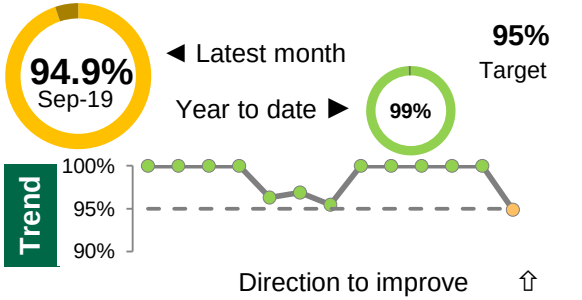
These measures contribute to BaNES CCG's performance against the NHS Diagnostics standard. The adult Audiology service performs well and routinely achieves 100%.

The Heart Failure service continued above target with all patients seen within 6 weeks. Following peaks in demand over the past six months, referrals returned to more typical levels in December.

Stroke patients transferred to community services within 7 days of RUH discharge



Bladder and bowel: % of first appointments with full continence assessment



Commentary

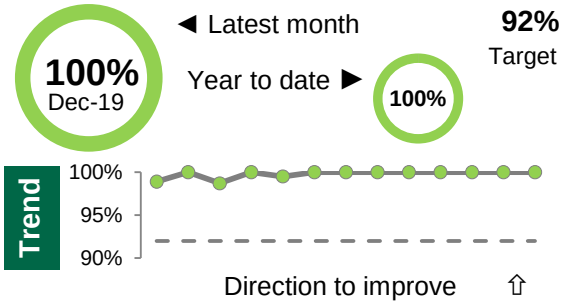
The Virgin Care Early Supported Discharge service for stroke patients performs well against the target of 50%, with 83% achieved in September and the year-to-date rate performing significantly above the target.

In the BaBs service, the percentage of people receiving full continence assessments at first appointment fell marginally (0.13%) below the target. However, delayed referrals due to an amendment in processing may impact on time to first appointment although timeliness measures are all on target for September.

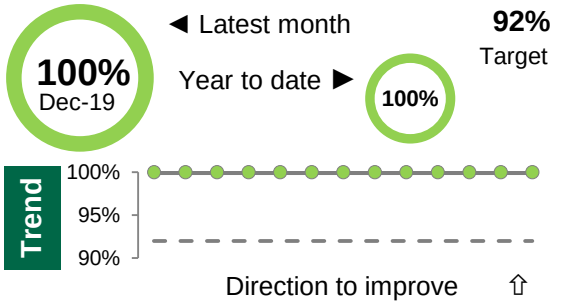
Key — Actuals — Target

Children and Young People's (CYP) performance

Community Paediatrics: % waiting under 18 weeks for treatment



Paediatric Audiology: % waiting under 18 weeks for treatment



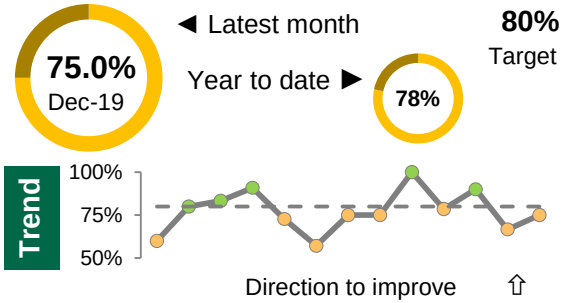
Commentary

These measures contribute to BaNES CCG's performance against the NHS Constitution RTT standard. Both the Community Paediatrics and Paediatric Audiology perform well and routinely achieve 100%. Median time to treatment (year to date) for each service is 11.1 and 1.9 weeks respectively, as children are generally treated much sooner than 18 weeks.

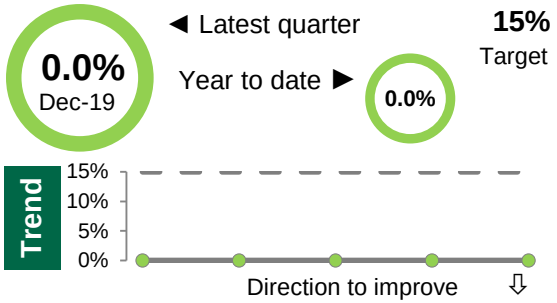
Key Actuals Target

Continuing Healthcare performance

Proportion of referrals completed within 28 days



Proportion of Decision Support Tools carried out in the acute setting

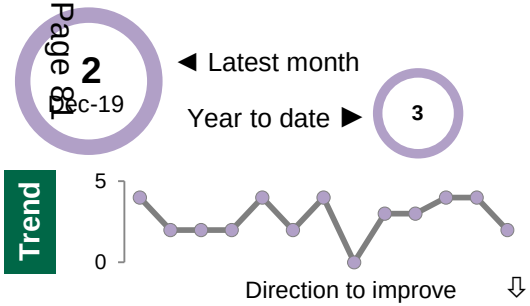


Commentary

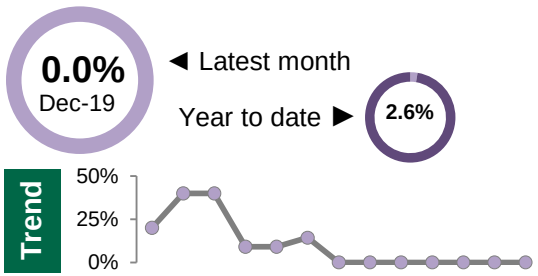
These measures contribute to the CCG's Quality Premium score. Performance for the proportion of DSTs carried out in acute settings is consistently excellent.

Referrals completed within 28 days fell just below the target but overall Q3 performance was 81, above the Quality Premium target.

Referrals waiting over 28 days for an eligibility decision



Conversion rate: complex CHC referrals completed resulting in eligibility

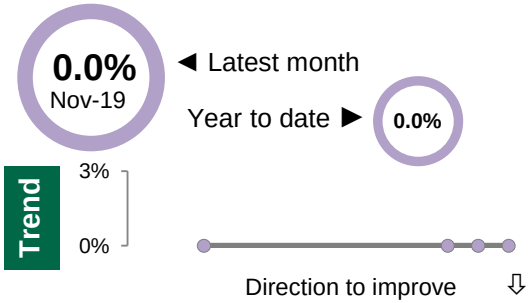


Commentary

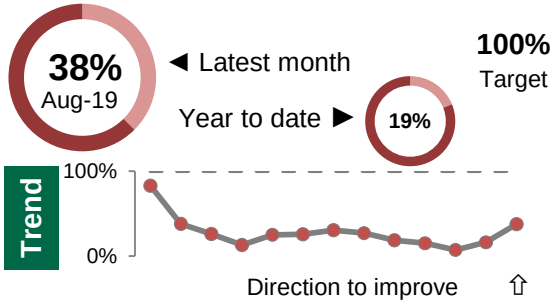
Of the two referrals waiting over 28 days for a decision at the end of December, one is now resolved and the other is being reviewed to confirm whether it is in scope of this measure.

The conversion rate demonstrates that the majority of people referred are found to be not eligible. No people were assessed as eligible in December.

Local resolution meeting (appeals) resulting in eligibility decision



Reviews carried out on time



Commentary

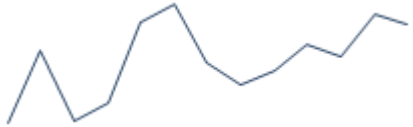
The number of appeals that result in a decision that a patient is ineligible being reversed is very low, which demonstrates the quality of decision making. One case was decided in November, with the original decision of not eligible confirmed.

Data for the number of reviews carried out on time is currently being reviewed for data quality, so data for September onwards is

Key — Actuals — Target

Purple shading in charts means no target set

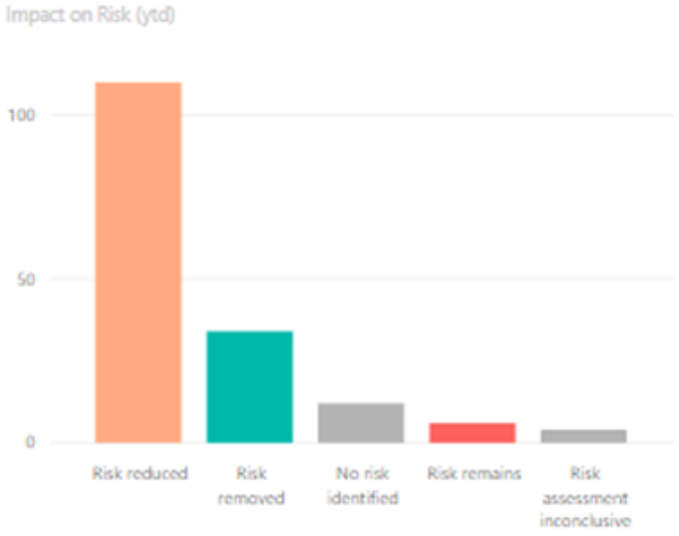
Part 2: Virgin Care performance against nationally reported health measures

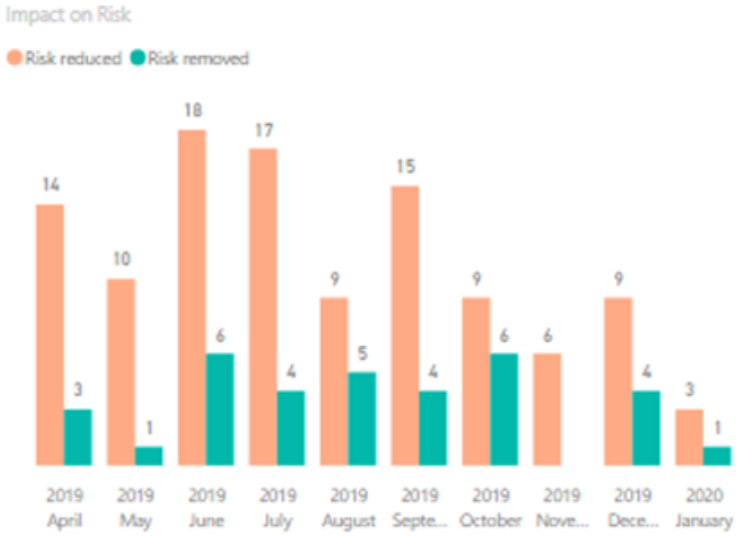
Measure description	Direction to improve	Standard 2019/20	VC for B&NES 2019/20 [1]	Latest period	England 2019/20 [2]	B&NES CCG [3]	Trend for Virgin Care (last 13 months)
Referral to Treatment: percentage of patients on an incomplete pathway waiting less than 18 weeks at month end	▲	92%	99.2%	Jan-20	83.7%	89.9%	
Referral to Treatment: total number of patients waiting over 52 weeks at month end	▼	0	0	Dec-19		5	
Diagnostics: percentage of people waiting over 6 weeks for diagnostic tests at month end	▼	1%	0.0%	Dec-19	4.2%	11.6%	
A&E: percentage of A&E attendances where total time in the department is 4 hours or less	▲	95%	98.5%	Dec-19	79.8%	66.2%	
Continuing Healthcare: Proportion of Decision Support Tools completed in an acute hospital	▼	15%	0.0%	Q3	5.2%		
Continuing Healthcare: Proportion of referrals concluded in period carried out within 28 days	▲	80%	81.0%	Q3	78.8%		

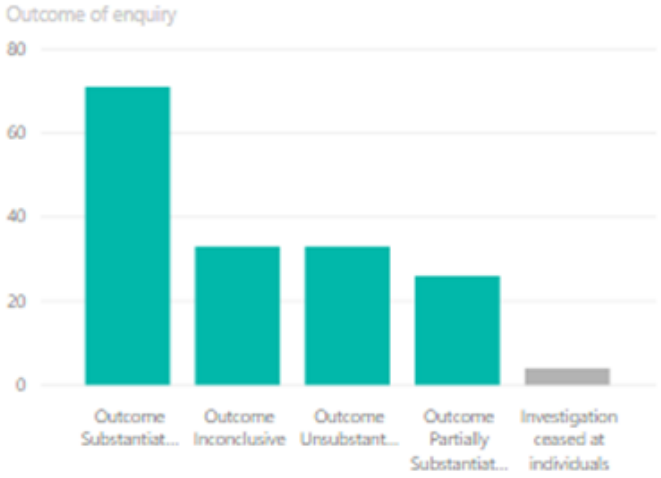
Notes	1 RAG status is green where performance is above the national standard 2 RAG status is based on how B&NES performance compares to the national rate (green = B&NES is better than national performance); for RTT and Diagnostics, the national average is from December's data. 3 A&E: the CCG figure quoted is RUH Trust level performance; for CHC performance, Virgin Care's rate is the CCG rate also.

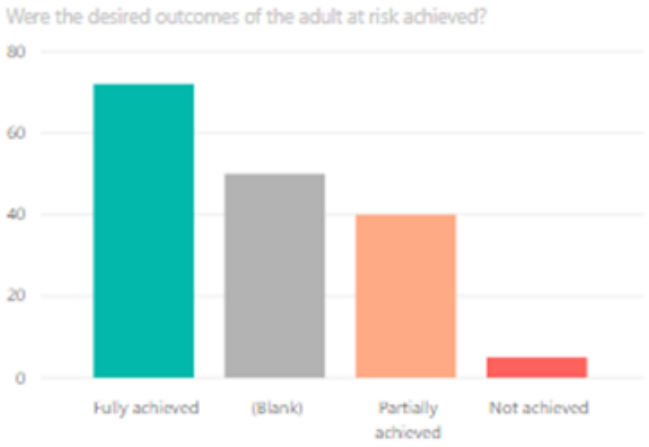
Part 3: Local Safeguarding Adults reporting – Virgin Care 2019/20 year-to-date

Outcomes of Closed Enquiries









B&NES Scorecards

Division: **Overall B&NES, Adult Services, Children and 1 more**

Service: **All**

							FY 2019			FY 2020									
								Q4			Q1			Q2			Q3			Q4
Division	**Service**	**Section**	**Measure**	**Sub Measure**	**Amber**	**Target**	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Overall B&NES	Overall B&NES	Referral To Treatment	Incomplete pathways	% Within 18 weeks	85%	92%	98.6%	98.0%	97.4%	98.9%	99.8%	98.8%	98.5%	99.0%	99.2%	99.1%	99.6%	99.4%	99.2%
				Median wait (weeks)			4.9	4.2	5.3	5.6	5.1	4.4	4.2	5.1	5.4	3.7	4.1	5.3	5.0
				Waiting 52+ weeks			1	1	1	1	0	0	0	0	0	0	0	0	0
		FFT & PREMs	Friends & Family Test	% Recommended			96.8%	95.8%	95.9%	97.9%	97.3%	96.0%	96.7%	97.8%	96.6%	97.6%	95.6%	98.5%	95.0%
				% Not Recommended			0.9%	0.3%	1.0%	0.7%	0.5%	1.3%	0.7%	0.5%	1.4%	0.9%	1.2%	0.9%	1.4%
Adult Services	Community Hospitals	Delayed Tran..	Bed Days Lost	Total						431	322	328	525	484	499	444	390	295	389
		Discharges	Length of Stay	Average of all	35	30	20.4	31.3	28.2	22.1	26.9	32.5	27.4	29.6	29.1	29.1	35.5	28.4	31.4
	St Martin's Hospital	Delayed Tran..	Bed Days Lost	Total						137	136	146	219	220	215	239	245	161	128
		Discharges	Length of Stay	Average of all	35	30	17.2	24.8	29.8	21.8	23.8	26.6	22.3	24.0	29.9	30.7	42.0	28.3	31.0
	Paulton Hospital	Delayed Tran..	Bed Days Lost	Total						294	186	182	306	264	284	205	145	134	261
		Discharges	Length of Stay	Average of all	35	30	24.0	40.0	26.7	22.5	30.4	42.0	32.3	35.0	28.6	28.1	28.4	28.5	31.8
Children	Health Visiting	Mandated Visits	New Birth Visits	% receiving visit within 14 days (C2)			93.4%	94.7%	96.5%	94.3%	91.5%	94.7%	94.0%	92.9%	94.7%	92.9%	89.3%	90.7%	93.8%
			6-8 week review	% receiving review by 8 weeks (C8)			86.0%	87.8%	82.3%	88.5%	85.2%	84.3%	91.0%	91.3%	85.5%	90.0%	86.7%	91.2%	87.1%
			12 month review	% receiving review by 12 months (C4)			81.6%	84.9%	86.7%	88.8%	88.3%	86.2%	82.9%	93.3%	82.9%	93.2%	87.0%	80.6%	83.5%
			12 month review by..	% receiving review by 15 months (C5)			94.0%	91.9%	94.5%	89.0%	92.9%	93.3%	95.1%	93.1%	92.6%	89.8%	96.0%	92.2%	95.9%
			2-2.5 year review	% receiving review by age 2.5 (C6i)	80%	90%	86.5%	88.4%	88.7%	92.1%	88.4%	85.7%	91.6%	89.8%	88.0%	89.8%	88.0%	91.4%	91.3%
	Community Paediatrics	Referral To Treatment	Incomplete pathways	% Within 18 weeks	85%	92%	99.5%	99.5%	99.5%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				Median wait (weeks)			7.4	5.6	6.9	7.1	8.1	6.8	5.7	6.9	9.5	4.0	5.6	6.4	8.3
	Paediatric Audiology	Referral To Treatment	Incomplete pathways	% Within 18 weeks	85%	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				Median wait (weeks)			0.4	1.4	1.7	2.6	1.3	1.7	1.0	2.6	1.4	1.9	1.5	2.6	1.3
	Children's SLT	Timeliness for ages 0-11	Incomplete pathways	% Within 18 weeks	85%	92%	92%	84%	93%	95.2%	93.3%	94%	96%	91%	89%	89%	93%	96%	93.1%
				Median wait (weeks)			3.3	4.1	4.9	3.7	6.4	6.1	5.6	5.3	4.7	3.3	3.6	5.1	3.1
Specialist Services	Clara Cross Falls	Referral To Treatment	Incomplete pathways	% Within 18 weeks	85%	92%	97.5%	95.7%	88.4%	94.3%	98.6%	93.1%	91.9%	96.9%	96.1%	97.8%	99.2%	99.1%	100%
				Median wait (weeks)			5.4	4.4	5.9	6.7	4.6	4.7	5.1	5.3	4.7	3.4	4.6	6.0	4.1
	CNS: ESD	Transfer to C..	From RUH	% within 7 weekdays	40%	50%	83%	75%	60%	83%	100%	75%	71%	54%	63%	92%	88%	92%	73%
	Heart Failure: Ec..	Echocardiogr..	Waiting	% Within 6 weeks	92%	99%	100%	100%	100%	100%	100%	78%	100%	100%	100%	100%	100%	100%	100%
				Median (weeks)			1.3	4.3	1.7	2.0	2.6	2.7	2.1	2.6	2.4	3.4	1.4	1.7	4.6
	Orthopaedic Interface S..	Referral To Treatment	Incomplete pathways	% Within 18 weeks	85%	92%	98.5%	97.8%	98.5%	99.7%	100%	100%	99.6%	99.1%	99.6%	99.0%	99.5%	99.2%	98.7%
				Median wait (weeks)			6.3	5.4	6.6	6.1	6.4	4.3	4.9	5.7	5.9	5.3	4.7	6.1	6.4
	Paulton MIU	Attendances	Unplanned reatten..	% within 7 days (of all)	7%	5%	4.8%	4.9%	3.8%	4.8%	5.0%	3.3%	4.2%	3.3%	4.9%	3.6%	4.2%	3.6%	2.7%
		Time Spent in ..	Time band	% within 4 hours	90%	95%	99.4%	99.0%	98.8%	98.9%	99.6%	99.6%	98.8%	99.6%	98.8%	99.4%	98.2%	98.5%	99.4%

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Annex 4 Principal Social Work Role

The PSW's for adults have statutory responsibility for reporting to the DASS on the following areas:

- Oversee quality assurance and by default improvement of social work practice

    • *To lead adult social care practice for other professionals, working across boundaries and considering the whole social care system.*

    • *To ensure effective social work supervision and reflective practice is being delivered.*

    • *Having assurance and oversight of the social care workforce and it is suitably trained to meet the needs of our community*

    • *To lead practice that recognises the strengths of individuals and our communities, ensuring the person requiring support is at the centre of all decision-making.*

    • *Champion the rights of citizens in the context of professional ethics and strategic decision making, using a legal and human rights framework.*

    • *Lead on 'learning from best practice' to be shared across the service and partner agencies.*

    • *Lead in disseminating learning from Safeguarding Adult Reviews (SARs) to both managers and practitioners.*

    • *To advise the DASS on complex safeguarding cases, ensuring statutory responsibilities are discharged effectively.*

    • *To advise the DASS and wider council members on other complex and potentially controversial cases.*

- Lead on research and development and implementation of good practice, ensuring links with external research providers.

    • *Work in partnership with all other agencies raising the profile of social work and ensuring the unique role of social work is understood and valued.*

    • *Complete the annual Social Work Health Check, ensuring the Local Government Association (LGA) Standards for Employers are upheld.*

    • *Complete a PSW annual report as required.*

• To provide reports of a high standard to various senior management forums, including partner organisations.

• Support the organisation's vision and priorities both internally and externally. [1]

[1] Highlighted in the national job description produced by the Chief Social Worker for Adults, ADASS and BASW

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814951/psw-roles-and-responsibilities.pdf

and 1.27 of Care and Support Guidance to the Care Act 2014

Date completed	Completed by	LL/ RIO no.	Worker/Team
Assessment completed:			
Assessment: short-term input (Conversation 2)		*Please complete section A*	
Assessment: S9 or Review (Conversation 3)		*Please complete section B*	
Score: 2 – fully met 1 – partially met 0 – not met N – not applicable			
Section A			
Assessment: short-term input (Conversation 2 – short-term intervention)			
11	Is it clear why a Conversation 2 (short-term / reablement/ urgent intervention) was required?		
12	Is it clear why a full Care Act Assessment was not required at this stage, rather than short term/ urgent care response?		
13	Were the outcomes clearly identified with the individual and recorded, and were they supported to consider strengths, networks etc?		
14	Is there evidence that the assessment outcomes were: Appropriate; timely; person-centred; enabling; and have a set end date?		
15	Was consideration given to whether the person had significant difficulty in taking part in the assessment?		
16	Were the person's communication needs taken into account and information provided in accessible format/language/interpreter input?		
17	Was an appropriate individual (carer/friend/relative, etc) present to support the person, if needed?		
18	Was an independent advocate arranged where required?		

19	Is there evidence as relevant of: a) MCA for care and support needs? b) MCA for finances/ financial oversight? c) MCA has been completed where lack of MCA has been identified? or d) EPA / LPA has been confirmed?		
20	Is there evidence of consideration of existing or need for new DOLS/ Community DOLS within an assessment if required?		
21	Have Safeguarding issues been considered/ identified? If so, were they actioned appropriately?		
22	If a Carer was identified, were they signposted to services/ support, and/or offered an assessment?		
24	Was the person provided with information about the Council's Charging Policy and potential contributions to the cost of services?		
26	Is it clearly recorded on case notes how any identified risks could be positively managed and enabled?		
27	Were short-term resources allocated to meet the identified outcomes? Did this happen within the agreed timescale?		
28	(a) Was the support plan/ care package reviewed within the 6 week period? (b) Did it achieve the agreed outcomes?		

29	Is it clear what would happen next for the service user/ family and was this clearly communicated to them? (including service ended/ identified need for S9 Assessment / further service		
30	Is there evidence the assessment/ support plan document was shared with the person or representative?		
Section B			
Assessment: S9 or Review (Conversation 3 / unscheduled or scheduled review)			
31	a) Has an updated or new S9 assessment or Review been completed in the last 12 months? b) Is there evidence of using relevant Review documentation for residential or community based Reviews, rather than repeat use / updating of S9 Assessment documentation		
33	Does the assessment promote and reflect that the person's health and well-being has been considered using a strengths-based approach?		
34	Does the assessment reflect an holistic approach which considered areas such as health, housing, income etc, as appropriate?		
35	Were appropriate referrals made to draw on specialist skills such as OT, Sensory Loss, Mental Health, Housing and District Nursing?		
36	Is there evidence that the person has been fully involved in the assessment, decision-making and support planning?		
37	Is there evidence that the person's wishes, views and feelings have been fully identified and recorded?		

38	Was consideration given to whether the person had significant difficulty in taking part in the assessment? (eg, confidence; capacity; communication)		
39	Were the person's communication needs taken into account and information provided in accessible format/language/interpreter input?		
40	Was an appropriate individual (carer/friend/relative, etc) present to support the person, if needed?		
41	Was an independent advocate arranged where required?		
42	*Finances - is there evidence as relevant of:* a) MCA for care and support needs? b) MCA for finances/ financial oversight? c) MCA has been completed where lack of MCA has been identified? or d) EPA / LPA has been confirmed? e) of who undertakes finance oversight in S9 Assessment or Reviews, including who is decision-maker? b) if MCA assessment identifies SU has some or lack of capacity in managing finances, is there evidence of consultation/ involvement of Client Finance Team?		
43	Is there evidence of consideration of existing or need for new DOLS/ Community DOLS within an assessment if required? If a DOLS already in place, have any current conditions been referenced and considered within any Reviews?		

44	a) Does the assessment or review provide a sound analysis of risk and details how this will be positively managed and enabled? b) As relevant, was a separate risk assessment and plan/ crisis plan completed if required and shared with the SU/ rep?		
48	a) Is there evidence that the worker explored the option of a Direct Payment with the person? b) If not taken up or offered, are the reasons why recorded?		
49	If a Direct Payment has been taken up, is there evidence of discussion about how these are best managed?		
50	Is there evidence of follow up at Care Review to ascertain how the DP arrangements are working?		
51	Was the person provided with information about the Council's Charging Policy, their contributions to the cost of services and DPs?		
52	Is there evidence that alternatives to commissioned services have been considered, eg telecare/ equipment/ adaptations/ reablement, etc?		
53	Is it clear how eligible needs will be met, including through family/friend /voluntary support as well as formal services (whether funded or not)?		
54	Have Safeguarding issues been considered/ identified? If so, were they actioned appropriately?		
55	a) If a Carer was identified, were they signposted to services/ support, and/or offered an assessment? b) If not taken up – is there clear evidence recorded as to why not?		

56	Are the agreed actions, timescales, review arrangements/ times clearly recorded and communicated with the person/ representative? If there was a delay to the provision of an S9 Assessment or Review – has a letter of explanation and point of contact been sent?		
57	Is there evidence the S9 Assessment/ Review document was shared with the person or their representative?		
58	For AWP audit only: If on RIO, is there evidence that the legal status of B&NES commissioned services is recorded in a short-term or Care Act assessment on RIO/ LL?		
Findings			
Areas identified requiring action			
What could have been done differently?			
Identified best practice			

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	**Children, Adults, Health and Wellbeing Policy and Development Scrutiny Panel**	
MEETING/ DECISION DATE:	**10th March 2020**	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	**Update on Exploitation**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: None		

1 THE ISSUE

1.1 The Panel have requested a report outlining information in relation to children and adults at risk of exploitation and information on multi-agency working which reduce and where possible remove risk.

1.2 The paper seeks to assure the Panel that relevant policies, procedures and strategies recognise and address exploitation and furthermore sets out examples of the services and programmes commissioned to support children, young people and adults with care and support needs.

2 RECOMMENDATION

The Panel is asked to;

2.1 The Panel are asked to note the content of the report which provides assurance that the B&NES Community Safety and Safeguarding Partnership have a clear focus and overview of exploitation activity in its broadest sense across B&NES and have policies and procedures in place.

3 THE REPORT

3.1 Introduction

Exploitation is a generic term which encompasses different types of abuse towards both children and adults at risk the report has separated these out for ease and to demonstrate the differences.

3.2 Child Sexual Exploitation

Child sexual exploitation involves situations, contexts or relationships in which a person under 18 is given something, such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money in return for performing sexual activities or having sexual activities performed on them. It can also involve violence, coercion and intimidation, with threats of physical harm or humiliation

Warning signs

Signs of a child or young person being in an exploitative relationship can vary. Some examples are:

• Going missing from home or care	• Repeat sexually transmitted infections, pregnancies or terminations
• Physical injuries	• Absenteeism from school
• Misuse of drugs or alcohol	• Deterioration in physical appearance
• Involvement in offending	• Evidence of online sexual bullying
• Evidence of vulnerability on social networking sites	• Emotional distance from family members
• Receiving gifts from unknown sources	• Recruiting others into exploitative situations
• Poor mental health	• Self-harming
• Thinking about or attempting suicide	

3.2.1 Organisational Responses to Child Sexual Exploitation (CSE)

- **Avon and Somerset Constabulary Operation Topaz**

Avon and Somerset Constabulary response to Child sexual exploitation is Operation Topaz. Topaz is a perpetrator disruption team enabling the Force to proactively protect the highest risk child sexual exploitation victims by developing opportunities to disrupt suspects.

Topaz recognises that disrupting suspects is often the most effective way of safeguarding victims of child sexual exploitation.

Topaz enables timely disruption, by any means available, including directing partner agencies to intervene.

The Topaz Prevention Officer proactively seeks out “hidden” victims through outreach work, acting upon intelligence, and targeting the kinds of groups, institutions and locations where victimisation is most likely to be occurring. The Prevention Officer is able to build relationships to develop victim confidence, build community relationships that result in improved intelligence, enable locational disruption by working with taxi drivers and hotels for example, and develop partnership working.

Tier 1 victims and suspects are high risk cases with whom Topaz is actively involved with a plan around them.

The Topaz Victim Contact / Engagement Officer works alongside these victims to build relationships and gather information to enable well-informed safeguarding and disruption. The focus is on supporting victims to enable the capture of an evidential account, intelligence gathering and safeguarding; working alongside the Topaz Disruption Officer to disrupt perpetrators and locations.

Topaz works with the wider Police family and partner agencies to ensure the best possible outcome for the child. Where possible, Topaz works to prosecute for offences against the child, or otherwise remove the focus away from the child’s account to prosecute for other offences.

Tier 2 victims and suspects may also be high risk cases but Topaz is not currently actively working with them. This is either because, in the case of suspects, there are no current disruption opportunities or, in the case of victims, an engagement officer has not been allocated. Tier 2 victims and suspects are regularly reviewed to ensure victims are appropriately safeguarded and any disruption opportunities developed.

Over half of all subjects flagged to Topaz are aged 15 to 25 and are often not much older than the children they pose a risk to. This is due to most CSE being peer to peer and single offenders as opposed to organised CSE.

Therefore, parents and guardians need to be aware it’s not about ages but about power and balance in a relationship.

In a recent survey of children, they do not have Facebook in their top 10 platforms – Facebook is what they show their parents not what they use.

Across Bristol, B&NES and South Gloucestershire about 150 perpetrators are flagged to Topaz and potentially posing a risk of CSE and about 200 children are flagged as being at risk.

Currently for B&NES the numbers are less than 10% of the totals however Topaz are still working with partner agencies to identify those posing a risk or at risk so the numbers in B&NES may well increase in the future.

The current figures for children and young people that are at risk of or are being criminally exploited in B&NES is 69 and children and young people at risk of or are being sexually exploited is 57; there is some overlap with these figures as some children will appear in both groups. All of these children are allocated and receive

case support from one of the Council Children Social Care teams or from the Willow Project (described below).

- **Multi Agency Safeguarding Hub (MASH)**

As a result of some of the findings from Operation Button it was agreed that Requests for Service pertaining to CSE would be referred to our MASH (Multi-Agency Safeguarding Hub)[1] this enables a more integrated approach and a greater understanding of the risks. 13 young people have been progressed through our MASH processes to ensure that their needs are being adequately met.

- **The Willow Project**

B&NES has developed a frontline response for young people who are at risk and victims of CSE. Through the development of the Willow Project CSE victims are offered support dependent on their level of need. The Willow Project is a multi-agency/multi-disciplinary virtual made up of professionals who have been trained to work with young people at risk of or involved in lower level CSE.

The professionals within the team remain employed within their substantive post and then commit half a day per week to working within the Willow Project. The aim of the project is to support, advocate and provide time to potential victims of CSE.

There are currently 12 workers part of the Willow team. There are plans that the Willow team will expand to offer a service to young people that are at risk or are being criminally exploited.

In our last Ofsted report on 07/07/2017 Ofsted stated that *'when children go missing, there are plenty of people who look for them and do something about the reasons why. Other professionals like the Police do a good job of protecting children from harm. The Willow Project is a local service that is excellent at helping children to learn how to keep themselves safe.'*

3.3 Modern Slavery

The Modern Slavery Act 2015 define the criminal offence of slavery servitude and forced or compulsory labour (section 1) and the separate criminal offence of human trafficking. This might include labour exploitation, sexual exploitation, criminal exploitation, organ trafficking and forced marriage. Modern Slavery is not the same as illegal immigration or people smuggling. It is characterised by elements of violence, intimidation, deception, coercion, abduction and threat. Just because someone has consented to travel doesn't mean they're not victims as they may have done so under false pretenses.

Warning signs

- Anxiety – is the person you're speaking to visibly anxious? Are they hesitant to speak or slow to respond to questions? Showing signs of trauma or confusion?
- Manner – Do they have poor eye contact or seem withdraw? Are they revealing feelings worthlessness or hopelessness? Do they distrust authority figures?

[1] MASH meetings are held with multiagency partners who gather and share intelligence on children to help identify and reduce / remove risk

- Condition – Do they look malnourished, exhausted or unkept? Have they any untreated or neglected wounds? Are they poorly dressed or equipped for the job they are carrying out?
- Environment – Are they living in dirty or cramped accommodation? Rarely allowed to travel alone?

3.3.1 What types of modern slavery are there?

Almost all forms of modern slavery include some element of forced labour, which is 'any work or services people are forced to do against their will'. Some forms of modern slavery can be found below:

- Sexual exploitation

Sexual exploitation involves non-consensual or abusive sexual acts performed without a victim's permission. This includes prostitution, escort work and pornography. Women, men and children of both sexes can be victims. Many will have been deceived with promises of a better life and then controlled through violence and abuse. It is also possible to exploit a person who consensually engages in providing sexual services.

- Forced labour

Forced / compulsory labour involves victims being compelled to work very long hours, often in hard conditions without relevant training and equipment. They often hand over the majority (if not all) of their wages to their traffickers. The types of work and working environment can often be described as 'dirty, demeaning or dangerous'. Forced labour crucially implies the use of coercion and lack of freedom of choice for the victim. In many cases victims are subjected to verbal threats or violence to achieve compliance.

Manufacturing, entertainment, travel, farming and construction industries have been found to use forced labour by victims of human trafficking in various extents. There has been a marked increase in reported numbers in recent years. Often large numbers of people are housed in single dwellings and there is evidence of 'hot bunking', where a returning shift takes up the sleeping accommodation of those starting the next shift.

- Domestic servitude

Domestic servitude involves the victim being forced to work in private households. Their movement will often be restricted, and they will be forced to perform household tasks such as child care and house-keeping over long hours and for little if any pay. Victims will lead very isolated lives and have little or no unsupervised freedom. Their own privacy and comfort will be minimal, often sleeping on a mattress on the floor in an open part of the house.

In rare circumstances where victims receive a wage it will be heavily reduced, as they are charged for food and accommodation.

- Child exploitation

Persons under the age of 18 are classified as children in the UK, they are particularly vulnerable to exploitation by individual opportunists, traffickers and organised crime groups. They can be deliberately targeted by criminals, or ruthlessly exploited by the people who should protect them.

Children can be subjected to any of the exploitative conditions as mentioned above and common countries of origin for victims include Vietnam, Nigeria, Romania, Slovakia and the UK.

- Organ harvesting

Organ harvesting involves trafficking people in order to use their internal organs for transplant. The illegal trade is dominated by demand for kidneys. These are the only major organs that can be wholly transplanted with relatively few risks to the life of the donor.

3.3.2 It could be happening in your neighbourhood

All concerns regarding modern slavery are referred to the National Referral Mechanism Scheme. The National Crime Agency reported that 5145 potential victims were submitted through the National Referral Mechanism Scheme in 2017, an increase of 35% when compared with 2016. Reporting showed potential victims of trafficking originating from 116 different nationalities. The most common exploitation type recorded for potential victims was labour exploitation, which also includes criminal exploitation.

3.3.3 What's being done to tackle the issue of Modern Slavery?

Avon and Somerset Constabulary work hard to safeguard vulnerable individuals and or children suspected of being victims of slavery. BBC TWO's 'The Prosecutors', follows an investigation by Avon and Somerset Constabulary and Staffordshire Police in 2017, unravelling a human trafficking operation in the city of Bath. Young Vietnamese teenagers were shipped across the country and forced to work without wages, in poor conditions in nail bars. Three people – including a woman from Bath – were jailed in January 2018 following the first successful prosecution in the UK for exploitation and enforced child labour, under the Modern Slavery Act 2015.

The investigation only came about after Officers carried out a multi- agency welfare visit to Nail Deluxe in Westgate Street, Bath in February 2016. Welfare checks are vital practice in our work to identify and tackle modern slavery and we work together with charities and local councils to share information and to disrupt known modern slavery industries in our force area. These welfare checks depend on information and the public play a very crucial role in helping to stamp modern slavery out.

3.4 County Lines

County Lines National Definition - a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of "deal line".

They are likely to exploit children and vulnerable adults to move (and store) the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. (HMG Serious Violence Strategy, April 2018)

3.4.1 Avon & Somerset County Lines: Force Overview

- County Lines issues are prevalent throughout the UK, Avon and Somerset Constabulary work with national, local partners and law enforcement agencies to tackle the supply of Class A drugs and associated risks to vulnerable people and the wider community.

- The Lines remain focussed in the Force's outlying towns and cities.

- Intelligence continues to link most of the Lines to the targeting of vulnerable drug users, consistent with the "cuckooing". There is also a risk of violence as many of the gangs have intelligence linking them to knives/firearms albeit there is limited recent evidence of the latter weapon in Avon & Somerset. Child Criminal Exploitation also remains a key characteristic of County Lines criminality and is this aspect is regularly monitored.

3.4.2 County Lines in Bath

Not all Lines are active at any given time; the business model they use enables them to be very adaptable and fluid in nature. At present the number of County Lines operating in Bath is lower than Avon and Somerset Constabulary have previously seen and Avon and Somerset Constabulary believe is a reflection of the targeted work that the local Neighbourhood Policing Team and Intelligence teams have conducted.

Bath City Centre Neighbourhood Team are aware of a number of addresses which have been cuckooed, (taken over by drug dealers) in the past and/ or are likely to be targeted by County Lines gangs. They make regular welfare checks at these addresses to ensure that vulnerable people are safe and not being taken advantage of. Bath City Centre Neighbourhood Team have put in safeguarding measures with partners to protect these individuals. This has led to arrests, seizure of drugs and money and also the location of vulnerable children.

Ongoing operations to tackle County Line issues are continually taking place and disruption and enforcement with partners are continually being advanced. Positive action has had a considerable impact on the communities of Bath and has safeguarded countless persons being exploited.

Ongoing targeting of County Lines has resulted in a number of people being arrested for possession with Intent to Supply and a number of people being arrested for possession offences with successful safeguarding intervention for several high risk vulnerable and missing persons.

In addition to this Avon and Somerset Constabulary also actively seek to identify and monitor young juveniles and vulnerable individuals, who are resident in the area and who are at risk of becoming involved with County Lines criminality. This piece of work has close links to Child Criminal Exploitation and is part based on some predicative data modelling that we are trialling. At present there are only four nominals on this list for B&NES, which is again lower than Avon and Somerset Constabulary have previously seen in B&NES.

3.5 Governance of Exploitation

The new B&NES Community Safety and Safeguarding Partnership (BCSSP) arrangements are committed to integrating safeguarding children and adults with community safety and the work of the Responsible Authorities Group (RAG)

The purpose of the Exploitation subgroup is to develop, monitor and evaluate the effectiveness of the strategic and operational multi-agency responses to exploitation.

A 3-year Youth @ Risk Strategy has been developed by the Exploitation Sub Group to support the children and young people in B&NES that are experiencing or at risk of experiencing exploitation and abuse outside their home environment. Whilst the focus is on teenagers, it is recognised that risk factors relating to exploitation can emerge before the age of 10 years and so the needs of younger children must also be addressed. This is an important and challenging strategy. It is important because of how profoundly these issues affect the lives of children and young people. It complements the Children and Young People's Plan and the Early Help Strategy and embodies the determination of all partner agencies to work together to make effective strategic and operational responses to the complex, diverse and significant needs of the children and young people affected.

The Youth @Risk strategy is supported through 6 thematic protocols:

- Child Sexual Exploitation
- Child Criminal exploitation
- Harmful sexual Behaviour
- Radicalisation
- Serious Youth violence
- Missing from home and education

Strategic and operational practice will be informed by good shared intelligence, effective data analysis and agreed outcomes for children and young people.

In considering the importance of working with exploitation of young people, Bath and North East Somerset have adopted a contextual safeguarding approach to develop an Operational Exploitation Meeting (OEM) to address the extra familial risks that are posed to our young people. This group reports into the Exploitation subgroup.

The OEM was initiated originally in December 2018 due to the increasing concerns highlighted to Children's Social Care regarding a group of young people in the Bath area by several agencies. This is meeting is a multi-agency meeting that:

- To identify those young people being exploited criminally or sexually, and seek to support, disrupt to reduce harm and ensure support is in place.
- To identify vulnerable adults who are at risk of exploitation/Cuckooing and seek to disrupt activity, reduce harm and ensure support is in place.

- To identify spaces where young people associate, can experience abuse and cause concern such as parks, housing estates, stair wells within the community in order to disrupt activity.

- To identify workers of such establishments that may have contact with YP and vulnerable adults that may be exploited and offer training and pathways to report such abuse.

- To identify adult perpetrators who are exploiting others with a view to action being taken to disrupt/support or prosecute (dependent on circumstances)

The information shared at OEM helps to enable early identification of those young people who may be at risk of exploitation, vulnerable adults, and of those who may pose an exploitation threat to our young people. Additionally, we will be able to better identify specific hotspots and locations where there may be an increased chance of exploitation occurring, which subsequently strengthens our responses and enables the raising of awareness across partner agencies.

3.5 Prevent

Prevent is about safeguarding and supporting those vulnerable to radicalisation. Prevent is one of the four elements of CONTEST, the Government's Counter-Terrorism Strategy. It aims to stop people becoming terrorists or supporting terrorism.

Within the B&NES Community Safety and Safeguarding Partnership there is a Prevent Partnership, a separate report can be requested that focuses on prevent.

4 STATUTORY CONSIDERATIONS

Multi-agency partners are required to comply with statutory frameworks (law and practice guidance) in relation to exploitation. This compliance is monitored by the agencies themselves but also through the BCSSP.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

This report is not requesting additional resources but highlighting the scale of the issue and the work taking place.

6 RISK MANAGEMENT

Risk assessment is routine part of the work when determining how to respond to concerns raised. Undertaking risk assessments is essential and all agencies have risk management processes in place.

7 CLIMATE CHANGE

Agencies are live to climate change issues.

8 OTHER OPTIONS CONSIDERED

Practice is developed and in line with national expectations; innovative practice are considered eg, Willow Project.

9 CONSULTATION

Partners of the BCSSP.

Contact person	Robert Fortune Avon and Somerset Constabulary and Leigh Zywek B&NES Council
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	**Children, Adults, Health and Wellbeing Policy Development & Scrutiny Panel**	
MEETING/ DECISION DATE:	**10th March 2020**	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	**Children in Care and Unregulated Placements**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: None		

1 THE ISSUE

1.1 The Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel have asked for report on the use of unregulated placements within B&NES.

2 RECOMMENDATION

The Panel / Committee is asked to;

2.1 Note the report which details the current approach to placements, to include those which are unregulated across B&NES.

3 THE REPORT

3.1 Not all settings in which 'looked after' children live are subject to regulation. To understand what constitutes an unregulated setting it is useful to understand what a regulated residential setting is. The Care Standards Act 2000 defines a regulated residential children's home as an establishment that provides 'care and accommodation' 'wholly or mainly' for children. The only other form of regulated setting in addition to children's homes are foster placements.

3.2 Therefore, an unregulated setting provides accommodation and support but not care. The law does not set out what care is, but there are some simple rules to apply. Administering medication, cooking for young people and shopping for them will constitute care. Whereas assisting young people to learn these skills will constitute support. If a provider crosses the line and provides care on an

ongoing basis, the accommodation will become an unregistered children's home and will be illegal. Unregulated supported 'living' accommodation comes in all sort of shapes and sizes and are places where young people (usually 16 and 17-year-olds) can live and receive support as part of transition to full independence.

3.3 There is much recent media attention and discourse in relation to the use of unregulated placements and accommodation for children. The BBC (Panorama) published their findings of an investigation into this issue in September 2020, and The Guardian newspaper reported in December 2019. Both reports raised concerns about the quality of accommodation, support provided by staff, as well as risks associated for children, i.e. exploitation.

3.4 Parliament has currently determined that some services should sit outside that regulatory framework. As from the 12th February 2020 OFTED are undertaking an open consultation regarding 'Unregulated provision for children in care and care leavers.

3.5 In B&NES we currently have 3 young people placed in unregulated placements, all of whom are between the ages of 16-18 years and have an allocated social worker. This number can sometimes change daily, depending on the needs of children within the service. Historical data shows; March 2019 – 6, June 2019 – 8, and December 2019 – 3.

3.6 It is important to note that our aspiration in B&NES is that no child will be placed in an unregulated placement. However, at times these placements are a necessity due to the young person's needs and specific circumstances, i.e. risks presented and their wishes and feelings. This falls within our Corporate Parenting principles and B&NES Corporate Strategy: Improving People's Lives. It is recognised that some of our most vulnerable and high-risk young people in B&NES are sometimes best supported in this type of provision. These decisions are not taken lightly, and agreement must always be sought from Head of Service, with Agency Decision Maker sign off.

3.7 Following a focussed visit in November 2019 OFSTED reviewed arrangements for young people over 16 years and Care Leavers, stating; "*the oversight of commissioned accommodation, including unregulated provision, is rigorous and results in additional support to keep young people safe".*

3.8 The Placements, Commissioning and Contracts Team (PCCT) have a preferred provider list for 16+ accommodation and support providers that has been tendered through a dynamic purchasing system, in partnership with three other local authorities. All providers have been checked in terms of policies, finances and quality, and references have taken. In all there are 33 providers who have qualified to be on the list. NB: 9 other providers have applied but failed to meet the requirements. From the list B&NES tend to purchase services from less than four of the providers with whom we have built up a trusting relationship. Working as a partnership with other LAs also allows us to get feedback on the quality of providers in the actual delivery of service.

3.9 As of result of this preferred provider list process the participating local authorities have held a purchaser/event at the Guildhall with Michelle Oxley, Lead Registration Officer and Lead for unregulated placement giving a presentation. This was a well-attended event with over 20 of the providers and 4

LA's who discussed the boundaries of this provision as well as ways forward to best work together to safeguard young people in placements.

3.10 PCCT also email social workers when they are making a 16+ unregulated placement in order to ensure they understand the implications for the young person;

Dear social worker,

You have requested a 16+ semi-independent placement for your young person, and we wanted to make you aware of a few points about this kind of provision:

- *These placements aren't inspected by Ofsted and are therefore 'unregulated'.*
- *They are known as 'other arrangements' in the context of residential care.*
- *The Children Act 1989 guidance and regulations: Volume 2: care planning, placement and case review: June 2015: 3.116 to 3.142 should be considered prior to placement*
- *They don't provide 'care' i.e. cooking meals, administering medication, shopping for the YP but will support YP in all these things.*
- *There is no requirement for the provider to organise outings / activities, etc.*
- *Staffing levels can be from 5 hours a week to 24/7, with or without staff sleep-ins, depending on the needs of the YP.*
- *Staffing levels dictate the price from £998 to £3,300 per week.*
- *There is no set format for feedback from the provider, so let them know your requirements at the pre-placement meeting.*

It's advisable to let your young person know what to expect:

- *The YP will receive a weekly allowance of around £57 which needs to cover the following: food, toiletries, clothing, mobile phones and a bus pass.*
- *The YP will be supported in food shopping and cooking meals.*
- *The provider will offer support in attending college, work, training etc but not necessarily transporting them.*
- *The provider won't be offering 'paid for' activities.*

As these placements can be quite bespoke, it is strongly advised to have a pre-placement planning meeting to ensure everyone is clear about what service the YP will be receiving. Any service and subsequent cost over their base-line provision should be relayed back to Commissioning, for authorisation from the Service Manager and inclusion in the contract.

3.11 A formal practice review meeting was held in June 2019, due to increase in the use of unregulated placements, both nationally and locally within B&NES. Oversight was provided by Cllr Kevin Guy, Ian Tomlinson (Commissioning Manager), Rachael Ward (Head of Service), and Charlotte Culblaith, Deputy Team Manager (DTM) and Lead for Care Leavers. This meeting agreed the

following minimum practice standards for young people in unregulated placements: -

- Risk assessment relating to the placement and identifying support to be included in package of care – Social Worker
- Annual contract review meeting with providers ensuring all have completed an annual safeguarding audit – Ian Tomlinson
- Visits to children will meet minimum standards as per LAC guidance and is likely to increase due to specific needs and current risk – Social Worker
- Regular LAC reviews in line with statutory guidance – Independent Review Officer (IRO)
- IRO's will have oversight of the provision, the placement and the plan
- Manager's oversight within supervision regarding day to day experience of young person – DTM/Team Manager (TM).
- Head of Service will undertake a quarterly review of Looked After Children – Rachael Ward.

3.12 In August 2018 Cllr Kevin Guy wrote to all young people who were placed in unregulated placements offering to meet with them to hear and see for himself that their home is safe and appropriate and meets the child's needs. These were delivered by hand and discussed by the child's PA, and no young people wished to take up this offer.

3.13 In addition to the above the Head of Service and the Deputy Safeguarding Lead meet bi-monthly to review all unregulated placements, providing additional quality assurance and oversight. All placements are commissioned via the Childcare Purchasing Team who keep an up to date spreadsheet, enabling monitoring.

4 STATUTORY CONSIDERATIONS

4.1 The provision of placements is a statutory requirement for the Local Authority in circumstances where children do not have any alternative safe place to live. Where children are subject to a Care Order, this statutory duty is relevant until they are 18 years old.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 Placements are identified depending on the child's assessed need. Aside from the cost of the placement, additional funding may also be agreed relating to supervision and support. This marketplace is more flexible in terms of the support B&NES purchase from the provider for the young person by comparison to residential children's homes. Support can be tailored from a few hours per week to a 24/7 service. All placements are included in the Council financial forecasts and are reviewed in accordance with statutory guidance.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance, see above for full details.

7 CLIMATE CHANGE

7.1 The council has declared a climate emergency and has resolved to enable carbon neutrality in B&NES by 2030. When considering any placement for a child, including unregulated placements, we will seek to accommodate children within B&NES, therefore avoiding unnecessary travel for the child, their family, the social worker and other professionals.

8 OTHER OPTIONS CONSIDERED

8.1 As stated above the use of unregulated placements will only occur when all other options have been explored.

9 CONSULTATION

9.1 This report has been co-authored by Rachael Ward, Head of Service, and Ian Tomlinson, Commissioning Manager. No wider consultation has taken place.

9.2 Placements are made following consultation and discussion with the child, their family (where we can), and other professionals involved, including partner agencies. Children in care have the right to an advocate who will (when appropriate) represent their views to the Local Authority.

Contact person	Rachael Ward (01225 477914) and Ian Tomlinson (01225 477878)
Background papers	*None*
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

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

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Civic Centre (Keynsham) and at Bath Central, and Midsomer Norton public libraries.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
10TH MARCH 2020				
10 Mar 2020	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**Virgin Care - Independent Commissioners Performance Report**	Lesley Hutchinson Tel: 01225 396339	Director of Safeguarding & Quality Assurance
10 Mar 2020	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**Exploitation of Children & Adults**	Lesley Hutchinson, Leigh Zywek Tel: 01225 396339, Tel: 01225 477394	Director of Safeguarding & Quality Assurance
10 Mar 2020	**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel**	**Unregulated Placements**	Ian Tomlinson, Rachael Ward Tel: 01225 477878, Tel: 01225 477914	Director of Safeguarding & Quality Assurance
19TH MAY 2020				
14TH JULY 2020				
15TH SEPTEMBER 2020				
3RD NOVEMBER 2020				
The Forward Plan is administered by **DEMOCRATIC SERVICES**: Democratic_Services@bathnes.gov.uk				