

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

**Date:** Tuesday, 7th June, 2022

**Time:** 10.00 am

**Venue:** Council Chamber - Guildhall, Bath

**Councillors:** Vic Pritchard, Michelle O'Doherty, Ruth Malloy, Andy Wait, Paul May, Liz Hardman, Gerry Curran, Rob Appleyard and Joanna Wright

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

**The Panel will have a pre-meeting at 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>

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.

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## 4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group.

**Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.**

Further details of the scheme can be found at:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

## 5. **Emergency Evacuation Procedure**

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel -  
Tuesday, 7th June, 2022**

**at 10.00 am in the Council Chamber - 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. 10.05AM MINUTES: 17TH MAY 2022 (PUBLIC) / 17TH MAY 2022 (EXEMPT) (Pages 7 - 24)
8. 10.15AM MENTAL HEALTH UPDATE (AWP)

The Panel will receive a presentation on this item.

9. 10.40AM CABINET MEMBER UPDATE

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

10. 10.55AM BSW CCG UPDATE

The Panel will receive an update from the B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSW CCG) on current issues.

11. 11.10AM QUARTERLY REPORT ON ADULT SOCIAL CARE (Pages 25 - 36)

This report provides an update on the national legislative, policy and regulatory context that the Adult Social Care service currently operates in. It also describes key strategic activity taking place in 2022/23, alongside an overview of finance, performance and risks based on delivery in quarter four of 2021/22.

12. 11.35AM PANEL WORKPLAN (Pages 37 - 40)

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](mailto:mark_durnford@bathnes.gov.uk) 01225 394458.

**BATH AND NORTH EAST SOMERSET**

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

Tuesday, 17th May, 2022

**Present:-** Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Ruth Malloy, Andy Wait, Paul May, Liz Hardman, Gerry Curran, Rob Appleyard and Joanna Wright

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

**Cabinet Member for Children and Young People, Communities and Culture:**  
Councillor Dine Romero

**Also in attendance:** Dr Bryn Bird (B&NES Locality Clinical Chair, CCG), Suzanne Westhead (Director of Adult Social Care), Leigh Zywek (Assistant Director for Children and Young People), Rebecca Reynolds (Director of Public Health and Prevention), Mary Kearney-Knowles (Director of Children's Services and Education), Claire Thorogood (Head of Contracting & Performance), Christopher Wilford (Director for Education, Inclusion & Children's Safeguarding), Cathy McMahon (Public Health Development & Commissioning Manager), Milly Carmichael (Health Improvement Officer) and Richard Howroyd (Head of Strategic Procurement)

**1 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

**2 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

**3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Gill Stobart had sent her apologies to the Panel and had informed them also that she would be standing down from her role on the Panel.

The Chairman, on behalf of the Panel, thanked Gill for the work she had carried out whilst being a member of the Panel.

**4 DECLARATIONS OF INTEREST**

Councillor Gerry Curran declared an other interest with regard to agenda item 12 (HCRG Care Group Options Appraisal) as he is an employee of HCRG.

Councillor Paul May declared an other interest with regard to agenda item 12 (HCRG Care Group Options Appraisal) as he is a non-executive Sirona board member.

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

There was none.

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

Paula Riseborough made a statement to the Panel on the subject of HCRG Care Group. A copy of the statement can be found as an online appendix to these minutes and on the Panel's Minute Book. A summary is set out below.

I'm speaking today to highlight one of the many issues that I object to regarding the outsourcing of BathNES health and care services to private provider HCRG Care Group (formerly known as Virgin Care).

Most recently we have objected to the behaviour of Virgin Care executives in secretly negotiating a takeover of their company by Twenty20 Capital, without informing the commissioners (the Council and BathNES CCG) of this until after they had approved a 3-year extension of Virgin Care's prime provider contract.

Protect our NHS members have raised questions with our local councillors and with the health scrutiny panel about the procedures involved in the contract negotiations and were reassured when the Council announced that due diligence work and a revised options appraisal would be carried out regarding this contract extension.

However, on reading the Scrutiny Panel's Agenda for its 17 May meeting, together with the HCRG Care Group Options Appraisal document, I was dismayed to find that the long awaited report is to be presented to the Panel 'in private session due to the commercial sensitivity of the decision to be taken'. This represents one of my major concerns about outsourcing of publicly funded health and care services to private companies – there is a breakdown of transparency in the functioning of democratic and statutory organisations when the commercial interests of private providers are placed ahead of essential public interest.

If the full Options Appraisal document is not to be published, then the commissioners should provide for public scrutiny, at the very least, a summary of the Options Appraisal document. This should include a list of the people consulted for their views (and their job roles), what criteria they were looking at when deciding on a recommended option and, if a decision is made to extend HCRG's contract, what measures the commissioners have in place to prevent the prime provider company being sold on again during the BathNES contract period.

Councillor Liz Hardman commented that the Options Appraisal had not yet been shared with members of the Panel and that they were not asked to be part of that process.

Paula Riseborough said that she found that alarming and felt there was a democratic deficit in the process.

The Chairman thanked her for her statement on behalf of the Panel.

Theresa Franklin made a statement to the Panel on the subject of the High Common, Bath. A copy of the statement can be found as an online appendix to these minutes and on the Panel's Minute Book. A summary is set out below.

My subject is the dangers of sharing golf with the public on The High Common which is a park. One of the things about golf being played in a public park is the obvious danger of golf balls.

Golf balls can travel up to 100 miles per hour. We have known near misses on the golf course and certainly flying balls have hit houses on Cavendish Rd.

Should users of this public park, be subjected to these dangers on a daily basis.

The High Common reverted to parkland during the pandemic. Many rediscovered the High Common a place of sanity and sanctuary. We don't want it returned to golf.

Because, the truth is Golf on The High Common changes everything.

Where we walk, where we sit, and how we feel! We certainly can't linger. And our children cannot run free. You can't breathe comfortably. Always on the lookout for a flying golf ball.

Golf restricts that access physically and has an affect on us mentally. Why should we be afraid, and constantly looking out for danger in a public park?

I can understand how 60 years ago, golf, pitch and putt really, might have been acceptable. But, surely not in 2022.

60 years ago, life was very different - people never wore seatbelts in cars, people drove drunk, people smoked, a lot, everywhere. Women could get fired for being pregnant. You get the picture.... None of these things are acceptable now.

Councillor Joanna Wright commented that she felt this area could be used for forms of social prescribing and was aware of its increased use during the pandemic.

Theresa Franklin said that many of the local residents, especially those in flats, use the High Common now as their garden space. She said if golf were to return it could do solely on the 12 hole side of the course and that anything more would be detrimental.

Councillor Dine Romero suggested that the statement be passed to Councillor David Wood, Cabinet Member for Neighbourhood Services.

The Chairman, on behalf of the Panel, thanked Theresa for her statement and requested that it be forwarded to Councillor Wood.

Councillor Joanna Wright addressed the Panel on the subject of the dentistry. She explained that a resident is unable to currently find a local NHS dentist and can't afford to have private treatment.

She said that the resident also has relatives that have problems with their teeth, including pain whilst eating. She asked the Panel to consider having a further discussion on this matter at a future meeting.

Councillor Paul May suggested that the Panel receives a review of local dentistry provision.

## **7 MINUTES: 8TH APRIL 2022**

Councillor Andrew Wait asked again for the RAG ratings in relation to the Community Mental Health Framework to be circulated to the Panel.

The Director of Adult Social Care apologised and said that she would send them to the Panel.

Councillor Joanna Wright asked if there was any update on whether the Wiltshire Adopters Networking, Development & Support (WANDS) can be used to support families in B&NES.

*The following reply also formed a response to a question asked by Councillor Wright at the 5<sup>th</sup> May Cabinet meeting.*

*A proposal is with Adoption West (AW) Board of Directors to commission WANDS to grow the service in other areas of the AW region, to include B&NES. B&NES Adopters can join groups commissioned by Adoption West in Bristol, via CSS Adoption <https://www.ccsadoption.org/>*

*B&NES adopters and residents are encouraged to contact AW duty team directly to discuss specific adoption support needs and to determine if the child / family need an assessment which they are entitled to request.*  
<https://adoptionwest.co.uk/>

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

## **8 CABINET MEMBER UPDATE**

Councillor Dine Romero, Cabinet Member for Children and Young People, Communities and Culture addressed the Panel. A copy of the update can be found as an online appendix to these minutes.

Councillor Liz Hardman commented that the OFSTED report on Children's Services is extremely pleasing and said that it highlights the excellent leadership we have in B&NES and how our services are good - well done to all. However, she said that from reading the report at agenda item 11, it is clear that substantial financial investment and increased capacity in the team is needed and asked what plans have been put in place to address this.

The Director of Children's Services & Education replied that the report makes recommendations in terms of the Council's Care Leavers Duty and said that new



legislation is expected later in the year with regard to extending the age range from 21 – 25.

She added that the Service Improvement Board will oversee all of the recommendations and that the team will be reviewed to consider what additional capacity is required to accommodate our post 21 offer.

Councillor Hardman asked if she was concerned about the increase in the number of children being electively home educated (EHE) in B&NES and if we have the right services in place to support these families appropriately.

Councillor Romero replied that she was concerned about the increase, though it has stabilised. She added however that we do not have an increase in the number of children EHE who are known to social care. She said that the EHE team provide support in line with the Council's responsibilities and have positive relationships with the EHE community. She stated that additional resourcing has been put into the team to manage increased numbers, however, we will need to look at this area again if the Education White Paper's proposals around EHE are implemented.

Councillor Hardman said she was very pleased to see that the three-year plan for social prescribing and an active travel program includes the Somer Valley and will include pop up hubs in places like her ward of Paulton. She asked when are these likely to happen.

The Director of Public Health and Prevention replied that we are expecting to hear from the DfT by the end of May, but can't guarantee that national timescales won't slip.

Councillor Andrew Wait commented that the report states that 97.9% received one of their up to five preferences in relation to School Admissions. He asked how many received their first choice and do you have comparisons with that statistic for previous years.

Councillor Romero replied that the following figures were recorded for 2021/22 and 2022/23.

Secondary:

2022/23		2021/22	
1 <sup>st</sup> Preferences	89.2%	1 <sup>st</sup> Preferences	84.2%

Primary:

2022/23		2021/22	
1 <sup>st</sup> Preferences	97%	1 <sup>st</sup> Preferences	93%

Kevin Burnett asked how the inspection of host families was being carried out with regard to the Ukraine refugees.

The Director of Children's Services and Education replied that this work was being carried out by a combination of teams. The Family Placement Team were leading on DBS checks and the Housing Team were assessing regarding Regulated Properties.

Kevin Burnett asked if information was available in terms of a national register for Home Education.

The Director for Education, Inclusion & Children's Safeguarding replied that details on this matter were expected to come in the White Paper.

Referring to School Admissions Kevin Burnett asked if there had been an increase in the number of people using all of their preferences when making their applications.

The Director for Education, Inclusion & Children's Safeguarding replied that yes there had been.

Kevin Burnett asked as part of the White Paper has the Council considered forming its own Education Trust.

Councillor Romero replied that at this stage she did not think the Council had had time to form a view on this matter.

Kevin Burnett asked if the Panel could be involved in some way with the response to the SEND Green Paper consultation.

Councillor Romero replied that she would try to include the Panel where possible.

Chris Batten asked if schools were going to be able to cope with the increasing costs of providing school meals.

Councillor Romero replied that she did not have any information to hand to be able to provide a response.

Chris Batten asked if there was funding available for new school buildings / repairs.

Councillor Romero replied that she was aware of a timetable of planned repairs that were due to take place.

The Director for Education, Inclusion & Children's Safeguarding added that pots of funding were becoming available in respect of maintained schools, SEND capital funding and the school building programme.

Councillor Ruth Malloy asked if there were sufficient school places available for Ukraine refugee children near to where they will be living and if they will have access to interpreters / resources given that English will not be their first language.

Councillor Romero replied that she believed that the current figure for Ukraine refugee children in the area was 30 and that there was capacity at this stage to cope with this number.

The Director for Education, Inclusion & Children's Safeguarding added that there were no current capacity concerns and that positive discussions had been held with local schools in terms of the education support that was to be required. He added that if children were to be placed within the Chew Valley, schools there might struggle in terms of places.

He said that online resources were available with regard to interpretation services.

The Chairman asked what would happen if families were to be placed within the Chew Valley.

The Director for Education, Inclusion & Children's Safeguarding replied that they would seek to find the nearest school with capacity and if needed provide transport.

Councillor Romero said that schools that are to receive refugee children will also put in place emotional and trauma support.

Councillor Paul May asked if she would support a report from the Schools Standards Board to a future meeting of the Panel.

Councillor Romero replied that she would.

The Chairman thanked her for her report on behalf of the Panel.

## **9 BSW CCG UPDATE**

Dr Bryn Bird, B&NES Locality Clinical Chair addressed the Panel. A copy of the update can be found as an online appendix to these minutes, a summary of the update is set out below.

### **Pressure on health and care services continues in BaNES**

Pressures related to Covid-19, staff absence and high demand for hospital beds have continued across BaNES over the past few weeks. A number of measures remain in place to help address these issues.

The main messages being for people to use our health services appropriately, support hospitals by collecting loved ones as soon as they are ready to go home, using our pharmacies for help and support wherever possible and using the online 111 service in the first instance.

He said that currently the RUH was operating under OPEL 4 (Operations Pressure Escalation Levels) and that cross-working meetings have been held to discuss how to relieve pressure.

### **BSW ICS and ICA update**

The Health and Care Bill which set out plans for the formation of Integrated Care Systems received Royal Assent at the end of April. The Bill will now pass into law as the Health and Care Act 2022 and paves the way for the BSW Integrated Care

Board (ICB) to become a statutory body on July 1st and the formation of the BaNES locality Integrated Care Alliance (ICA).

The Health and Care Act introduces measures to tackle the COVID-19 backlogs and rebuild health and social care services following the pandemic. It will also contain measures to address health inequalities and create safer, more joined-up services that will put the health and care system on a more sustainable footing.

The latest version of the BSW Partnership System Development Plan for 2022/2023 has been submitted to NHS England. The plan has been developed by lead and programme support teams from our key workstreams and focuses on the continued development of our BSW Integrated Care System and the transition activities that will be required during 2022/23 to align with the legislative changes planned.

Councillor Liz Hardman asked if any update could be given on the crisis affecting the ambulance service locally.

Dr Bird replied that support for the hospital discharge is intended over the coming year.

Kevin Burnett referred to the Healthy Start Scheme and asked if anything further could be done to support those in receipt of the paper vouchers to transfer to the prepaid card now being offered.

The Public Health Development & Commissioning Manager replied that an automatic registration process would be welcome, but this was not currently possible. She added that a lot of support and awareness is being carried out locally to make people aware of the changes.

Kevin Burnett asked how are messages about accessing GP services being managed given that more people will now likely want to return to face to face appointments.

Dr Bird replied that communications work has been carried out on this matter and that from his point of view he has always been willing to see people when required. He added that 111 still has a role to play, but that we need to make sure that those who need to meet can do so.

Councillor Andrew Wait asked about the number of Covid patients currently within the RUH.

Dr Bird replied that there was currently less pressure in terms of patients being admitted to the RUH with severe complications due to Covid.

Councillor Joanna Wright suggested that all Councillors be sent information relating to the NHS Healthy Start Scheme so that they are in a position to advise and assist residents if necessary. She referred to the BSW ICS and ICA update and asked for examples of who formed the Partnership and how are the decisions they make ranked.

Dr Bird replied that members of the Partnership will include representatives from Local Authorities, Public Health, the 3<sup>rd</sup> Sector, RUH and AWP amongst other bodies that have a role in health care provision. He added that decisions are taken on what provision would best support the wider community and that consideration is given as to what would be fairest across B&NES, Swindon and Wiltshire.

The Chair thanked Dr Bird for his report and attending on behalf of the Panel.

## **10 FOOD EQUITY PLAN**

The Public Health Development & Commissioning Manager introduced this report to the Panel and asked for their feedback on the proposals.

Councillor Liz Hardman wished to congratulate the B&NES officers who with the Fair Food Alliance group, have put in place a structure to drive the strategic direction and coordination of food insecurity work locally. She asked as the B&NES Fair Food Alliance does not have an operational budget, would this hinder its future work especially in developing income maximisation.

The Public Health Development & Commissioning Manager replied that the Co-ordination role carried out by the Health Improvement Officer gives us significant benefit and has been crucial to the success of the work. She added that the Co-ordination role was secure until July 2024 and additional funding would need to be found to secure this role longer term.

The Chair asked if it was sustainable for this work to rely on public support.

The Public Health Development & Commissioning Manager replied that the support received through the Voluntary Sector is fantastic, but that there is a need for solutions to become more sustainable through, for example, provision of better paid jobs or available healthy products at affordable prices. She also added that we need to ensure that our local services are accessible and dignified and support the voluntary sector in their response.

The Chair asked how would a member of the public approach a Food Bank if they needed to.

The Public Health Development & Commissioning Manager replied that people need to get a referral to a food bank before they can use it. Referrals can be made from, eg, a Health Visitor or Children's Centre.

Kevin Burnett asked for any further comment on the Poverty Proofing Schools Audit.

The Health Improvement Officer replied that the Audit is being piloted through 10 schools in B&NES and that the plan is to then to give all schools access to it to help them to recognise where students may need support.

Kevin Burnett asked if Free School Meals (FSM) was the only measure available to use.

The Public Health Development & Commissioning Manager replied that receipt of FSM would identify those on a low income, but that the Audit tool would seek to show schools how they can identify those in need and to work with other agencies where necessary.

Kevin Burnett asked if they have worked with SACRE on any projects.

The Public Health Development & Commissioning Manager replied that SACRE are part of the Fair Food Alliance, but that they have not been that active currently.

Councillor Rob Appleyard said that there was much to commend about the work that has taken place so far and that the Council needs to provide support to enable it to carry on.

Councillor Joanna Wright asked how residents can be helped to identify the support they are able to receive.

The Public Health Development & Commissioning Manager replied that Citizen's Advice will have a role to play in this process as there will be families that are not able to manage despite being in receipt of benefits. She added that effective lobbying of Government was also needed to be carried out.

Councillor Andrew Wait commented that in his role as Chair of Keynsham Town Council he was aware that the Food Club had approached the Town Council with regard to seeking some funding. He asked if this work was linked to the Fair Food Alliance.

The Public Health Development & Commissioning Manager replied that the Food Club had been set up independently to provide support to the local community by accessing excess food products from local supermarkets and Fare Share SW.

Councillor Wait asked if they would need to close if no funding was received.

The Public Health Development & Commissioning Manager replied that they do receive income through membership, £3.50 per week per family (around 50 families in each club) and funding through other bodies. She added that the Council do not provide them with any funding.

Councillor Ruth Malloy asked if the Council were able to identify any places that should have additional provision put in place and would they be able source a building if required.

The Public Health Development & Commissioning Manager replied that this would require discussions with departments such as Property Services.

The Panel **RESOLVED** to;

- i) Note the progress since the last report (May 2021) and endorse the new Food Equity Action Plan 2022 – 2025 and future priorities for the B&NES Fair Food Alliance.
- ii) Support the ambitions of the B&NES Fair Food Alliance by considering ways in which other Council and partnership strategy and policy can help to increase income equality and food security locally.

## **11 CHILDREN'S SERVICES OFSTED INSPECTION**

The Director of Children's Services & Education introduced this report to the Panel. She said that she was pleased to have received such a positive report and thanked all officers within Children's Services for their work.

Councillor Liz Hardman gave her congratulations to the Children's Services officers and management in receiving a really excellent report. She stated that all areas are judged to be good with recommendations on three areas of our practice. She added however that the report states that to carry out the recommendations of the OFSTED report, and our new statutory duties from April 2022, substantial financial investment and increased capacity within the team will be required. She asked what plans are being made to ensure that this financial investment is made and that capacity is increased.

The Assistant Director for Children and Young People replied that Children's Services have considered the recommendations in the Ofsted ILAC Report and that the Service has taken some immediate actions following the Ofsted Inspection and the Deputy Team Manager is acting up in a Team Manager capacity.

She added that the Service Improvement Board will oversee all of the recommendations and we will review the team to consider what additional capacity is required to accommodate our post 21 offer and this will be worked through in our ongoing finance planning.

The Chair on behalf of the Panel wished to commend all staff for their work.

The Panel **RESOLVED** to;

- i) Recognise the improvements made within Children's Social Care as outlined within the Inspection report.
- ii) Acknowledge the recommendations made within the Ofsted report and work collaboratively with Children's Services to address the recommendations identified.
- iii) Agree the proposal for overseeing ongoing progress within Children's Services.

## 12 HCRG CARE GROUP OPTIONS APPRAISAL

The Director of Adult Social Care introduced this report to the Panel and gave an outline of the timeline that had taken place so far.

- The Commissioners each took a decision on 11 November 2021 (through the Council's Cabinet and the CCG's Governing Body) to approve exercising Option 3 to extend the contract term for the three-year period until 31 March 2027.
- On 1 December 2021, the Virgin Care Services Limited notified the Commissioners that the business it formed a part of had been sold to T20 Pioneer Holdings Limited which is in turn ultimately held by Twenty20 Capital Limited (via another company) (T20). T20 is a private equity investor.
- The change took effect from 30 November 2021 with the formal change of control notice referred to above. The change in ownership is several steps removed from the Provider with intermediate companies being retained but names changed. The Provider is now known as HCRG Care Services Ltd. The Provider has stated that it "has no intention or proposal to make a consequential change to its operations".
- Following the announcement on 1st December 2021, the Commissioners paused formal confirmation and notification of the extension decision until the Council and CCG had undertaken a full due diligence review of the change in control and understand its legal implications.
- The Commissioners instructed BDO LLP (BDO), to undertake due diligence on T20 and the implications of the acquisition of the Provider for the Contract, the Commissioners, and the delivery of services.
- On 8 March 2022, it was agreed to defer the notification of the contract extension decision deadline until 30th June 2022 (subject to CCG and HCRG Care Group mutual agreement) and for a new options appraisal to be undertaken which will allow for discussion of other extension options with supporting rationale for each.
- On 4 April 2022, BDO facilitated an Options Appraisal Workshop in order to gather views and opinions from Commissioner representatives as part of the options appraisal process of the Contract based on the following four options:
  - Option 1 – Extend the Contract term for the 3 year period (until 2026/27)
  - Option 2 – Extend for an alternative period
  - Option 3 – Allow contract to end with no Contract extension beyond 31 March 2024
  - Option 4 – Termination of the Contract before 31 March 2024

Paula Riseborough said that it was difficult for her to add to her previous statement as the Options Appraisal report itself has been classified as exempt.



Councillor Joanna Wright asked for an explanation of the legal advice that the Council had received on this matter.

The Director of Adult Social Care replied that she was not able to share that information in the public domain. She added that the decision to hold an exempt session is not to protect the commercial aspects of HCRG but to safeguard the future decision that the Council and CCG make.

Councillor Wright asked if the decision regarding the contract was primarily about the Council obtaining best value for money as the Council's funds are in essence public funds.

The Director of Adult Social Care replied that the decision would not solely be based on finance as it also has to ensure that safe services are provided to the public.

Councillor Paul May said that he considered the decision to not be able to discuss the four options in public as undemocratic.

Councillor Liz Hardman said that she felt that a fifth option should be considered and that was to bring the contract back in house to the Council.

Councillor Paul May said that whilst recognising the CCG involvement he would support consideration of a fifth option.

The Director of Adult Social Care replied that this option had been given due consideration in recent months.

The Panel, having been satisfied that the public interest would be better served by not disclosing relevant information, **RESOLVED**, in accordance with the provisions of the Section 100(A)(4) of the Local Government Act 1972 that the public should be excluded from the meeting for this item of business, because of the likely disclosure of exempt information as defined in paragraph 3 of Part I of Schedule 12A of the Act as amended.

## 13 PANEL WORKPLAN

The Panel approved their current workplan as printed.

The meeting ended at 1.25 pm

Chair(person) .....

Date Confirmed and Signed .....

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children’s & Adults Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	7 <sup>th</sup> June 2022	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Adult Social Care Director’s Update May 2022	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: Adult Social Care Performance Dashboard		

## 1 THE ISSUE

- 1.1 This report provides an update on the national legislative, policy and regulatory context that the Adult Social Care service currently operates in.
- 1.2 It also describes key strategic activity taking place in 2022/23, alongside an overview of finance, performance and risks based on delivery in quarter four of 2021/22.

## 2 RECOMMENDATION

### Panel is asked to:

- 2.1 Note the content of the report and identify any areas of focus for the next quarterly update report due to Panel.

## 3 THE REPORT

- 3.1 The report contains an overview of the following national and local context that Adult Social Care is operating in:

- **National picture:** progress of the national reform of Adult Social Care across several stands:
  - Build Back Better reforms that introduce new charging reforms for people who use social care and brings new statutory duties for local authorities

- Liberty Protection Safeguards – a framework that will replace the Deprivation of Liberty that has now finished parliamentary journey, with the new code of practice being consulted on
- Mental Health Act reform that has been mentioned in the Queens speech delivered this month
- Care Quality Commission inspection regime for Adult Social Care (also referred to as Assurance framework) that is expected to mirror the Ofsted inspection process and will begin in April 2023
- **Local picture:**
  - Health and Social Care Integration to join up care for people, place and population is continuing at pace nationally and locally. On 1st July 2022, the Banes, Swindon, and Wiltshire (BSW) CCG will be subsumed into the BSW Integrated Care System, with new governance arrangements emerging at system and locality level.
  - Continuing close working with the NHS and our wider community partners to promote, maintain, and enhance people’s wellbeing and independence so that they are healthier, stronger, more resilient, and less reliant in the future on formal social care services.
  - Working with HCRG Care Group (previously Virgin Care Ltd) on continual improvement of the community health and social care services. A report is due in Cabinet on 26th May 2022 to discuss the options appraisal for the future of the HCRG Care Group contract.
- **Performance update:** Adult Social Care performance is measured routinely and compared annually between local authorities against a national set of indicators included in the Adult Social Care Outcomes Framework and the annual statutory Short and Long Term Support performance report. The service also routinely monitors its performance across a range of operational indicators, four of which form part of the strategic indicators reported to Cabinet monthly and are included in the report.

## 4 STATUTORY CONSIDERATIONS

4.1 The key white papers released by the Department of Health and Social Care (DHSC) will continue to influence the approach to Adult Social Care reform in B&NES:

- In December 2021 white paper, **People are at the heart of care - Adult Social Care** sets out a 10-year vision for adult social care and provides information on funded proposals that will be required to be implemented over the next 3 year
- **Build Back Better Our Plan for Health and Social Care** - which was updated on the 5<sup>th</sup> of January 2022, now includes the new Adult Social Care charging reforms
- In February 2022 the DHSC released **Health and Social Care Integration-** joining up care for people, place, and population
- **The Health and Care Act** received royal ascent on 3<sup>rd</sup> May 2022 and laid down legislative foundations for an ambitious programme of national reform of Adult Social Care.

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

- 5.1 In the section Financial Update, the report details that the forecast position for Adult Social Care at the end of quarter three in 2021/22 is an underspend variance of £2.65m. The final outturn position for 2021/22 is being finalised and will be fully reported in July.
- 5.2 The report highlights the impact of the pandemic resulting in increased pressure on funding. Some of the pressure was mitigated by additional government funding but this ended in March 2022. However, some of the consequences of the pandemic have increased current financial pressures. Some of this increase may be temporary but underlying pressures are expected to build because of demographic changes, the long-term impact of COVID-19, rising care costs and the impact of Social Care Reforms.

## 6 RISK MANAGEMENT

- 6.1 In the section Risk, there is an overview of risks and mitigating measures being implemented in two areas:
- (1) Local challenges in terms of the ability to attract, recruit, develop and sustain enough staff across a range of key roles, such as social workers, occupational therapists, Best Interest Assessors, financial assessors, and administrators. These skills shortages are one of the biggest challenges we face in providing a high quality and timely response across the health and social care system.
  - (2) A risk that the service won't have sufficient resources, time, and capability to prepare for and implement several strands of the Social Care Reforms simultaneously. This also includes risks associated with the ongoing requirement to develop operational processes and maintain systems; both of which are being mitigated through the work of several system and process improvement projects.

## 7 EQUALITIES

- 7.1 The report affirms that Adult Social Care transformation and reform are underpinned by the Build Back Better – Our Plan for Social Care principles to:
- **Offer choice, control, and independence to care users** – so that individuals are empowered to make informed decisions and live happier, healthier, and more independent lives for longer.
  - **Provide an outstanding quality of care** – where individuals have a seamless experience of an integrated health, care and community system that works together and is delivered by a skilled and valued workforce; and
  - **Be fair and accessible to all who need it, when they need it** – ensuring that fees are more transparent, information and advice is user-friendly and easily accessible, and no one is subject to unpredictable and unlimited care costs

## **CLIMATE CHANGE**

7.2 The Council has declared a climate emergency and has resolved to enable carbon neutrality in B&NES by 2030. B&NES Council work in partnership with HCRG Care Group to deliver Community Health and Adult Social Care for B&NES alongside a range of community partners. As part of the ongoing service improvement and development providers and commissioners are putting in place mechanisms to reduce their impact on climate change such as mobile working, increased usage of the integrated care record and web-based business intelligence tools.

## **8 OTHER OPTIONS CONSIDERED**

8.1 N/A

## **9 CONSULTATION**

9.1 There has been no public consultation for this report. This report has been written with information provided from national reports and guidance, accompanied by information from local finance and performance management systems and service delivery plans.

<b>Contact person</b>	<b>Suzanne Westhead, Director of Adult Social Services</b>
<b>Background papers</b>	<b>N/A</b>
<b>Please contact the report author if you need to access this report in an alternative format</b>	



# **Children & Adults Health & Wellbeing Policy Development Scrutiny Panel**

**7<sup>th</sup> June 2022**

## **Adult Social Care – Director's Report May 2022**

## Introduction

This report provides an update on the national legislative, policy and regulatory context that the Adult Social Care service currently operates in. It also describes key strategic activity taking place in 2022/23, alongside an overview of finance, performance and risks based on delivery in quarter four of 2021/22.

## The national picture

The Health and Care Act received royal ascent on 3<sup>rd</sup> May 2022 and laid down legislative foundations for an ambitious programme of national reform of Adult Social Care. These radical reforms comprise several strands:

- Build Back Better programme aims to create a sustainable adult social care system that is fit for the future. It introduces new charging reforms for people who use social care and brings new statutory duties for local authorities. The programme has entered first phase of implementation, which means we will need more social workers, more financial assessors, and a new system to help ensure we support more people financially from April 2023. We also need to complete by 14<sup>th</sup> October 2022 a new cost of care exercise for homecare and care home services, and produce a sustainable plan, working closely with our providers to ensure the B&NES market is sustainable as we move into the future.
- Liberty Protection Safeguards (LPS) – a framework that will replace the Deprivation of Liberty (DoLs) – has now finished parliamentary journey. Liberty Protection Safeguards will apply to everyone from the age of 16 years. While DoLs applies only to people in care homes and hospital, LPS will apply to people in supported accommodation, shared lives, and their own homes. New code of practice is currently out for public consultation until 4<sup>th</sup> July 2022. Government confirmed its intention to set a new fixed date for Liberty Protection Safeguards implementation post consultation to ensure that there is adequate time for implementation.
- In addition, the Queens speech delivered this month mentioned the reform of the Mental Health Act. This will hopefully give people a stronger say in their treatment and address increasing rates of detention of people from ethnic minority backgrounds.
- New Care Quality Commission (CQC) inspection regime for Adult Social Care (also referred to as Assurance framework) is expected to mirror the Ofsted inspection process and will begin in April 2023. The Adult Social Care Outcomes Framework that is being currently used to measure and compare performance of local authorities has been refreshed and is expected to be implemented alongside the new assurance framework. This means that we would need to have new performance management systems in place, with greater use of Business Intelligence tools, and develop more mature capability to evaluate customer experience, and evidence outcomes and impact at an individual, locality and system level.

## The local picture

Health and Social Care Integration to join up care for people, place and population is continuing at pace nationally and locally. On 1<sup>st</sup> July 2022, the Banes, Swindon, and Wiltshire (BSW) CCG will be subsumed into the BSW Integrated Care System. Recruitment to senior leadership posts in the new system is well advanced, with a new team of senior leaders joining over the next two months. New governance arrangements, such as the Integrated Care Board and the Integrated Care Alliance are beginning to take shape, with system partners frequently coming together to collaborate to develop new ways of working at place and population level. The role of the B&NES Health and Wellbeing Board in the new integrated system and its relationship with the Integrated Care Board is also being reviewed, with members of the board and system partners engaging in a series of developmental sessions facilitated by the Local Government Association.

Our close working with the NHS and our wider community partners ensures we continue to promote, maintain, and enhance people's wellbeing and independence so that they are healthier, stronger, more resilient, and less reliant in the future on formal social care services. Doing this is better for people in terms of their longer-term outcomes and better for B&NES Council to help make funding go further. It is also better for system health partners as it will help reduce hospital admissions and the length of stay, and shift system focus from urgent care to anticipatory and community care.

We are also working with HCRG Care Group (previously Virgin Care Ltd) on continual improvement of the community health and social care services. A report is due in Cabinet on 26<sup>th</sup> May 2022 to discuss the options appraisal for the future of the HCRG Care Group contract.

As a system, we are committed to building effective relationships informed by our shared ambition to improve the lives of our residents and based on trust. Our approach to social care transformation and service improvement plans are underpinned by the following principles:

- **Offers choice, control, and independence to care users** – so that individuals are empowered to make informed decisions and live happier, healthier, and more independent lives for longer.
- **Provides an outstanding quality of care** – where individuals have a seamless experience of an integrated health, care and community system that works together and is delivered by a skilled and valued workforce; and
- **Is fair and accessible to all who need it, when they need it** – ensuring that fees are more transparent, information and advice is user-friendly and easily accessible, and no one is subject to unpredictable and unlimited care costs

## Financial position

At the end of quarter three of 2021/22 financial year the forecast position for Adult Social Care is an underspend variance of £2.65m. This reflects the reduced number

of package placements seen during 2020/21 which continued into 2021/22. Health funding arrangements have been extended to cover the second half of 2021/22 therefore, the impact of the expected demand from the ending of these arrangements has been reduced. These arrangements ended at the end of 2021/22 financial year and discussions have commenced across the health and social care system regarding ongoing requirements in 2022-23.

The final outturn position for 2021/22 is being finalised and will be fully reported in July.

The long-reaching impact of the ongoing pandemic is still being felt and future demand on Adult Social Care is expected to return to previously seen levels once we are through this pandemic period. This expectation also carries a risk of additional demand being seen when these levels return, in both package numbers and complexity of social care cases.

The level of future demand is still undetermined but is expected to cause pressure on budgets. To balance this, work continues to deliver the service transformation plans to ensure services can be provided to meet and sustain this demand.

## Performance update

Adult Social Care performance is measured routinely and compared annually between local authorities against a national set of indicators included in the Adult Social Care Outcomes Framework and the annual statutory Short and Long Term (SALT) Support performance report. B&NES SALT report for 2021/22 has been submitted earlier this month. National benchmarking data would be made available later in the year and will be included in future updates.

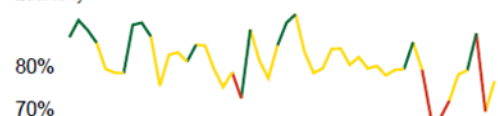
The service also routinely monitors its performance across a range of operational indicators, four of which form part of the strategic indicators reported to Cabinet monthly. Quarter 4 performance against these indications is presented below. It shows positive performance against the safeguarding and admissions to care homes measures, with variable performance against the reablement and reviews measures.

(Adult Social Care performance dashboard is attached in full in Appendix 1.)



### % Adults at home 91 days after reablement service

Quarterly



30/04/2018

85%

Target

76%

31/03/2022

Performance has remained variable because of an increase in people with complex needs using the service, including more end-of-life patients. The proportion requiring further acute-hospital support has therefore increased, which has impacted performance over the last 9 months.

### Adult Social Care: Care Home admissions per 100k

Monthly



30/04/2017

45.5

Target

24.3

31/03/2022

Performance was on target over Q4, which has usually been a period where care home admissions increase. Funding arrangements over the pandemic continued to be in effect, so 21/22 is not comparable to pre-Covid years.

## Risks






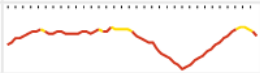



The past two years have been unprecedented and whilst the ability to respond at scale in a crisis has been astounding, the cost to services and the users that rely on them is all too clear, and our recovery and sustainability plans will need to think carefully about where resources are coming from to meet population needs.










Adult Social Care service is facing several significant risks:







- The impact of the pandemic has increased pressure on funding. Some of the pressure was mitigated by additional government funding but this ended in March 2022. However, some of the consequences of the pandemic have increased current financial pressures. Some of this increase may be temporary but underlying pressures are expected to build because of demographic changes, the long-term impact of COVID-19, rising care costs and the impact of Social Care Reforms. Social Care as an integral part of our society and economy is facing a challenging financial landscape over the next few years.
- The service is continuing to face persisting challenges in terms of our ability to attract, recruit, develop and sustain enough staff across a range of key roles, such as social workers, occupational therapists, Best Interest Assessors, financial assessors, and administrators. Local challenges are replicated across the health and social care system, and mirror national and, for some roles (i.e., therapists), international challenges. These skills shortages are one of the biggest challenges we face in providing a high quality and timely response across the health and social care system. System partners are jointly implementing mitigation measures, such as workforce initiatives being co-developed by the BSW Academy and home care providers, and apprenticeship initiatives developed by Royal United Hospitals Bath NHS Foundation Trust and HCRG Care Group.

- There is a risk that the service won't have sufficient resources, time, and capability to prepare for and implement several strands of the Social Care Reforms simultaneously. This also includes risks associated with the ongoing requirement to develop operational processes and maintain systems:
  - Data quality becomes an issue as well as compliance with current and future legislation around social care and health care duty of care responsibilities
  - Lack of control over operational data recording in turn could lead to mismanagement of funds and other resources
  - Without accurate data, services cannot plan for future service demands and/or measure and evidence their effectiveness and impact
- These risks are being mitigated through the work of the dedicated project team leading the preparation for the Building Back Better reforms and the process and system re-design projects that are delivering improvements to the adult social care case management and financial systems.

## Appendix 1 Adult Social Care Performance Dashboard

Indicator	Date	Value	Status & Change	Target	Trend
Number of people supported in the community (18+) (▼)	30/04/2022	1,102	↗ 2		
Number of people supported in residential and nursing care homes (18+) (▼)	30/04/2022	571	↘ 13		
Care Act initial assessments completed per month (▲)	30/04/2022	65	↘ 11		
% of people having a Building on Strengths conversation who were in long term services 6 months later (▼)	30/04/2022	3.6%	↘ 6%		
% of people having a social care assessment who were in long term services 6 months later (▼)	30/04/2022	20.3%	↘ 13%		
Adult social care reviews - % people with a review★ (▲)	30/04/2022	67.0%	◆ ↘ 2%	80%	
Annual reviews: proportion of reviews carried out within timescales (▲)	30/04/2022	39.0%	↘ 3%		
Care homes: new admissions per 100,000 population (18-64) (ASCOF 2A(1)) (▼)	30/04/2022	0.8	● ↗ 0.8	1.5	
Adult Social Care: Care Home admissions per 100k★ (▼)	30/04/2022	24.3	● → 0.0	45.5	

Indicator	Date	Value	Status & Change	Target	Trend
Home care: new packages per 100,000 population (18-64) (▼)	30/04/2022	0.0	↘ 2.5		
Home care: new packages per 100,000 population (65+) (▼)	30/04/2022	29.7	↘ 2.7		
% of care homes rated Good or Outstanding by CQC (▲)	30/04/2022	87.9%	→ 0%		
Care homes: reduction in the use of out of area residential placements (▼)	30/04/2022	81	↘ 1		
Learning Disabilities: proportion of service users in paid employment (ASCOF 1E) (▲)	30/04/2022	12.0%	● → 0%	6%	
Mental Health: Adult service users in employment★ (▲)	31/03/2022	8.2%	● ↘ 1%	8%	
Approved Mental Health Professional: number of assessments carried out	31/03/2022	22	↘ 4		
Number of new Deprivation of Liberty Safeguards (DoLS) applications received	01/04/2022	52	↘ 19		
Adult Safeguarding: % enquiries where risk removed/reduced★ (▲)	30/04/2022	100.0%	→ 0%		

Adult safeguarding: number of concerns received	30/04/2022	111	↘ 52		
B&NES patients in RUH not meeting criteria to reside (C2R) (▼)	30/04/2022	43	↘ 6		
% of people discharged to their usual place of residence (▲)	31/03/2022	90.7%	● ↗ 1%	91%	
Referrals into reablement	30/04/2022	266	↘ 14		
Average length of stay in reablement (days) (▼)	30/04/2022	58.4	↗ 0.4		
% Adults at home 91 days after reablement service★ (▲)	31/03/2022	76.4%	▲ ↗ 7%	85%	



## 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.*

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
<b>7TH JUNE 2022</b>				
7 Jun 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Mental Health Update (AWP)		
7 Jun 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Quarterly Report on Adult Social Care	Suzanne Westhead	Director of Adult Social Care
<b>5TH JULY 2022</b>				
5 Jul 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Children's Transformation Plan & Mental Health Update	Mary Kearney-Knowles Tel: 01225 394412	Director of Children and Education
5 Jul 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Youth Democracy	Sarah McCluskey Tel: 01225 394464	Director of Children and Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
<b>13TH SEPTEMBER 2022</b>				
13 Sep 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Suicide Prevention	Paul Scott Tel: 01225 394060	Director of Public Health and Prevention
<b>8TH NOVEMBER 2022</b>				
8 Nov 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Prevent Duty	Samantha Jones Tel: 01225 396364	Director of People and Policy
8 Nov 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Serious Violence Duty (TBC)	Sally Churchyard Tel: 01225 395442	Director of Children and Education
The Forward Plan is administered by <b>DEMOCRATIC SERVICES:</b> Democratic_Services@bathnes.gov.uk				

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