

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

**Date: Monday, 9th October, 2023**

**Time: 9.30am**

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

**Councillors:** Dine Romero, Liz Hardman, Alex Beaumont, Paul Crossley,  
Dave Harding, Michelle O'Doherty, Lesley Mansell and Joanna Wright

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

**The Panel will have a pre-meeting at 9.00am**



**Mark Durnford**

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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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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Monday,  
9th October, 2023**

**at 9.30 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 5.

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 4.4 Appendix 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 STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. MINUTES: 18TH SEPTEMBER 2023 (Pages 7 - 22)

8. CABINET MEMBER UPDATE

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

9. B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

The Panel will receive an update from the B&NES, Swindon & Wiltshire Integrated Care Board (BSW ICB) on current issues.

10. ADULT SOCIAL CARE TRANSFORMATION UPDATE (Pages 23 - 36)

11. PEER REVIEW (Pages 37 - 48)

12. UPDATE ON THE STAFFING POSITION ACROSS OUR CARE HOMES (Pages 49 - 60)

This report is an opportunity to explore and consider the issues and the responses currently in place to support both the wider Care and health workforce in B&NES and specifically the workforce related to the provision run directly by the Council.

13. PANEL WORKPLAN (Pages 61 - 66)

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**

Monday, 18th September, 2023

**Present:-** Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Alex Beaumont, Paul Crossley, Dave Harding, Michelle O'Doherty and Joanna Wright

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

**Also in attendance:** Rebecca Reynolds (Director of Public Health and Prevention), Mary Kearney-Knowles (Director of Children and Education), Christopher Wilford (Education and Safeguarding Director), Ceri Williams (Policy Development & Scrutiny Officer), Sally Churchyard (Head of Young People's Prevention Services), Paul Scott (Associate Director, Public Health) Sophia Mckenzie (Violence Reduction Unit Coordinator) and Sgt Heather Anderton (Avon & Somerset Police)

**14 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**15 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

**16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

The Democratic Services Officer announced that apologies for absence had been received from Councillor Lesley Mansell, Councillor Paul May and Laura Ambler (Place Director, B&NES, Swindon & Wiltshire Integrated Care Board).

**17 DECLARATIONS OF INTEREST**

There were none.

**18 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

There were none.

## 20 MINUTES: 10TH JULY 2023

Kevin Burnett asked if the Panel could be updated on how the service at the Royal United Hospital Urgent Treatment Centre was progressing following their amendments to it which began on September 4th 2023. He also asked if a response could be provided on whether a high percentage of students use the Urgent Treatment Centre as they may not be registered with a local GP.

He informed the Panel that he had been advised that the study into Long Covid was likely to come to their January 2024 meeting.

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

## 21 CABINET MEMBER UPDATE

Councillor Joanna Wright commented that from figures presented to Council in July it showed that Children's Services were £2.3m over budget and that this was mainly due to Unaccompanied Asylum Seeking Children. She asked for a report to be brought to the November meeting to detail how this figure will be addressed.

She added that she would also like information on the SEND School's Budget and Home to School Transport costs to be included in the report.

The Director of Children's Services & Education replied that a report will be prepared for the November Panel meeting.

Councillor Paul Crossley said that he would welcome an update on the former Culverhay site.

The Director of Education & Safeguarding replied that an update could be prepared a future meeting.

Kevin Burnett commented that he would like to know how the proposed savings of £1.2m this year will be achieved and questioned what effect this will have on staff and the standards of the service.

The Chair, on behalf of the Panel, wished Councillor May well. She added that the Panel also expressed a wish to have an appropriate Cabinet representative present at the meeting if the Cabinet Member was not able to attend.

The Panel **RESOLVED** to note the update that had been provided.

## 22 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

Kevin Burnett asked if any significant changes had been noticed since the Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB, with the support of the NHS South West Dental Commissioning Hub, became responsible for the commissioning of dental services across England as of 1 April 2023.

He asked if any mobile dental services have been considered to help with coverage of the B&NES area.

He asked what remedies have been considered to address the falling numbers in adults accessing NHS dental services in B&NES.

He asked for confirmation that the BSW ICB have a SEND representative and asked what their role was and how they liaised with other agencies.

The Director of Children's Services & Education replied that Gill May, Director of Nursing & Quality has this role and sits on the Board.

Councillor Joanna Wright informed the Panel that she had been made aware that if a patient did not attend their NHS dentist within a three-year period they would lose their place at that practice. She added that following Covid many dentists changed their working arrangements and she felt that this has led patients believing that they could no longer attend the same practice as they used to. She questioned whether this had caused the reduction in numbers that has been seen.

The Chair commented that it was important to find out the underlying causes for the drop in attendance and suggested whether a Panel member could discuss this matter directly with the ICB and report back.

The Policy Development & Scrutiny Officer replied that he had been invited to an informal discussion with the ICB and would have this topic in mind for when they meet.

Councillor Liz Hardman commented that having asked a number of local dentists why they were no longer able to provide a service under the NHS their response was that they were not paid enough. She added that they had also said that in terms of payment per units of dental activity, one unit could sometimes involve 12 treatments and that was all that they would get paid.

She asked the ICB to explore with the Government whether the pay for B&NES NHS dentists can be improved. She added that she welcomed the focus on the areas of greatest need and inequality of access.

The Director of Public Health replied that with regard to identifying areas in greater need this was an opportunity in time now that the ICB have taken on this role.

Councillor Joanna Wright suggested that a cross party motion be raised with Council on this matter to highlight the issue as it was so important to all local residents. The Chair asked if the Panel agreed with this proposal. They indicated that they were in agreement.

The Policy Development & Scrutiny Officer advised that the Panel itself could not lead on taking a motion to Council but suggested that the Cabinet Member could be approached to seek a way forward on this proposal.

The Panel **RESOLVED** to note the update that had been provided.

## **23 YOUTH JUSTICE PLAN 2023 - 24**

The Head of Young People's Prevention Services introduced the report to the Panel. She explained that the Local Authority has a statutory duty, in partnership with Health, Police and Probation, to produce an annual Youth Justice Plan. She said that the Plan sets out how services will be organised and funded and what functions they will carry out to prevent youth offending and re-offending across Bath and North East Somerset.

She informed the Panel that this year's plan incorporates a number of work streams commenced last year and includes work that will continue beyond March 2024.

The Development Plan is shorter this year, to enable sufficient attention to be given to each action and because it is accompanied by an Anti-Racism Plan.

It is set out according to the strategic priorities that have been agreed with the Partnership Board and the Youth Justice Service:

1. Strengthen participation – a continuing priority as youth justice work is most effective – perhaps only effective – when it accurately addresses the needs and views of children, carers and those harmed by children's offending.
2. Address disproportionality – a continuing priority as children from some ethnic backgrounds and with Special Educational Needs are still over-represented in the youth justice system (locally and nationally).
3. Embed Child First principles – a new priority, but not new work. This reflects the YJB's strategic approach and central guiding principle.
4. Address serious violence – a new priority, but not new work. This also marks the introduction of the Serious Violence Duty.

She stated that much of this work can only be undertaken in partnership with other organisations and with the active support of the Partnership Board. The plan will be reviewed regularly by the Partnership Board at its business meetings and it will report on successes and escalate issues to the Community Safety and Safeguarding Partnership.

Kevin Burnett commented that he felt that the figures in relation to Looked After Children that reoffend were high and asked who led on this work and what preventative measures were in place.

The Head of Young People's Prevention Services replied that it was important to remember that the figures in reality are a small number of children. She said that Social Care would have the main responsibility for them, but that support would be provided by a lead worker from Youth Justice to assist with custody work.



She added that projects such as Compass (B&NES) and Turnaround (Ministry of Justice) are in place to attempt to prevent youth offending alongside a range of other workstreams across the Council.

Councillor Liz Hardman commented that it was good to see that the number of First Time Entrants continued to be low and that no custodial sentences have been required. She referred to page 61 of the agenda pack and asked how disproportionality issues for children with SEND in the youth justice system had been progressed.

The Head of Young People's Prevention Services replied that this has been a concern for a number of years and that this work follows on from the national report by David Lammy in 2017 into the criminal justice system which addressed disproportionality.

She added that the Avon & Somerset Criminal Justice Board commissioned a specific piece of work across all of its services and a report entitled 'Identifying Disproportionality' was published. She stated that around 80 recommendations were made within the report and that a framework was being developed to address them.

Councillor Hardman asked if there was work ongoing with the Police with regard to pupils that become permanently excluded that are likely to offend.

The Head of Young People's Prevention Services replied that children that are excluded from school are vulnerable and at greater risk of offending if unsupervised. She added that there are supervision arrangements in place, but if they choose not to accept them there is a risk that they can mix with people that can lead them astray or be exploited.

She explained that work was ongoing in relation to Out of Court Disposals and how children are treated before they come to a court. She said that this was taking place across the five Local Authorities to see if any processes can be streamlined, in particular use of Outcome 22.

Kevin Burnett asked if funding for a pilot through the Home Office was in place to support schools in avoiding exclusions.

The Head of Young People's Prevention Services replied that this could have been linked to work that is now taking place through the Violence Reduction Partnership. She added that a Strategic Worker had been appointed locally to work schools and their young people who have been excluded or at the risk of exclusion and that Local Authority have within the past month confirmed this role as a permanent position. She said that a Key Worker had also been appointed for a period of time to work directly with children and their families.

Councillor Joanna Wright asked for clarification as to whether this work was carried out in all schools, state and private. She added that she felt that there is an element of socio-economic pupil interaction to be understood as this issue moves forward.

The Head of Young People's Prevention Services replied that they do work with all schools and that the issue raised could be picked up as part of the upcoming Joint Strategic Needs Assessment.

The Chair asked for the Corporate Parenting Group to also discuss the issue of the disproportionality of Looked After Children within the Youth Justice System at a future meeting.

The Panel **RESOLVED** to:

- i) Approve the annual Youth Justice Plan 2023-24.
- ii) Note that Council will be asked to agree the Youth Justice Plan fulfils the requirements of the Crime and Disorder Act 1998 and can be submitted to the Youth Justice Board for England and Wales.
- iii) Note that Council will be asked to adopt the Youth Justice Plan as part of the Council's Policy and Budget Framework that can be accommodated within the Council budget.
- iv) Note that the Youth Offending Service Partnership Board is responsible for ensuring delivery of the Plan.

## **24 VIOLENCE REDUCTION UPDATE**

The Head of Young People's Prevention Services introduced the report to the Panel. She stated that Bath and North East Somerset continues to be an area of comparatively low reported serious violence. Nevertheless, the impact of serious violence when it occurs is devastating for individuals, families and communities.

She explained that a 'hub and spoke' model was adopted locally, with the lead 'hub' role being undertaken by the Office of the Police and Crime Commissioner who convenes an Avon and Somerset-wide multi-agency strategic Board.

She informed the Panel that delegated funding was made available to each of the five Local Authority 'spokes' to appoint Co-ordinators and Administrators and develop their own needs assessments and response plans, introduce new processes for addressing risk and for procuring services. These outputs are monitored and reported to the Home Office by the Office of the Police and Crime Commissioner.

She stated that in Bath and North East Somerset, this cross-cutting agenda is overseen by a multi-agency Serious Violence Steering Group which reports to the Community Safety and Safeguarding Partnership's Exploitation sub-group via quarterly reports which are also sent to the Prevention and Early Intervention sub-group, the Domestic Abuse Partnership and the Youth Justice Partnership Board. She added that there is a particular focus on sharing information at a multi-agency level about individuals, networks and places of concern in relation to exploitation and the risk of serious violence.

She highlighted the following two sections of the report to the Panel.

**3.7 Implementation support:** The Home Office then awarded a contract to Crest Advisory to deliver national implementation support for the Serious Violence Duty. This began with a review of all Police areas and in Avon and Somerset, Crest

reported that partners were “ready and engaged to deliver on the Duty.” Tailored implementation support is now being received here and in all areas through thematic workshops to ensure suitable partnership arrangements are in place.

**3.8 Avon and Somerset transition:** At the same time, recognising that specific work was needed in Avon and Somerset to move from Violence Reduction Unit arrangements to new Serious Violence Duty arrangements, Crest Advisory was appointed following a competitive process, to support the transition. The purpose of this was to understand how the new arrangements should work both strategically and operationally and review the respective roles and responsibilities between the Police and Crime Commissioner ‘hub’ and the five Local Authority ‘spokes.’

Kevin Burnett asked if the consultation of Young People regarding the Bath and North East Somerset Strategic Needs Assessment was due to take place this October / November and did they already have a database of contacts to be used.

The Head of Young People's Prevention Services replied that the consultation is planned to take place over the next couple of months and that the deadline for completion of the Strategic Needs Assessment was 31<sup>st</sup> January 2024. She added that two staff focus groups have already been held and they were discussing with colleagues in Social Care, Probation and Youth Justice as to the best way to consult Young People.

The Associate Director for Public Health added that gathering a wide range of insights was really important and that he hoped this would lead to areas of work that can be progressed following the publication of the Strategic Needs Assessment.

Kevin Burnett asked if the consultation would be confined to those that are currently known within the system or would it be on a wider scale to include education representatives and Youth Connect workers.

The Head of Young People's Prevention Services replied that they would be looking to consult with as wide a range of people as possible. She added that the Violence Reduction Unit Coordinator would be leading on this work and that they planned to talk with Mentoring Plus, Project 28, Youth Connect, Off The Record and in house statutory services.

The Violence Reduction Unit Coordinator said that surveys would also be sent to all schools as part of the consultation.

Councillor Paul Crossley commented that he would like to see in future reports some goals, targets and achievements so that the work can be analysed and progress measured. He asked if it was known whether incidents involving knife crime were linked to particularly distressed families or those considered to be most in need.

He also asked how much of the violent crime that does take place within B&NES is carried out by those who do not live in the area and whether more harmful weapons than knives were becoming a factor that needed to be addressed.

The Head of Young People's Prevention Services replied that national measurements are included within the report, such as homicide rates and hospital admissions. She added that they are invited to form local targets and these can be progressed following the Strategic Needs Assessment.

She added that the young people known to them who have been involved in knife crime and serious violence would likely be from a stressed family background and not engaged well with school.

She said that it was difficult to talk about the three recent fatal incidents, but informed the Panel that no B&NES young person was being investigated as part of these proceedings. She added that they do work alongside other Local Authorities and their Police to see why young people would travel here and commit these offences and why might young people within B&NES travel outside of the area to do the same.

She explained that further information could be included in any future report as they have a local Steering Group that meets quarterly that reports on their in-year workplan.

The Chair commented that it felt like a number of the points that have been raised could be taken forward if the Knife Crime Task Group is to be approved later on the agenda.

Councillor Liz Hardman acknowledged that there is a Public Health approach to this work, but asked what involvement does the Police have as well as their Early Intervention Team in terms of identifying known hot spots and gathering the voice of the children.

The Head of Young People's Prevention Services replied that Public Health were leading the work by consent, but assured the Panel that the Police have a very active role within it. She said that the identification of areas of concern was carried out through multi-agency work and that monthly meetings are held to discuss these matters and to attempt to identify possible solutions. She added that some joint work would take place with Wiltshire Council.

She added that they were aware of certain networks of young people who could potentially exploit / influence each other or encourage bad behaviour.

Councillor Hardman asked if this information is directly fed to the Police and then shared with other agencies.

The Head of Young People's Prevention Services replied that the Police have an active role in this work and that they will be sharing the role of Chair of the information sharing group with the Violence Reduction Unit Coordinator on a monthly basis. She added that some young people are identified directly through their records and notifications are also received from the Police.

Sgt Heather Anderton added that the Early Interventions Team consists of a Sergeant, two PCs and two PCSOs per Local Authority district and currently the one within Avon & Somerset does not have any PCSOs. She added that within Avon &

Somerset officers use an app called Click Sense that records all of our data, including the use of knives, weapons and hot spot locations.

She informed the Panel that until around six months ago there was also a dedicated Violence Reduction app. The app is no longer compatible with their laptops so a bespoke one is being developed. The app gives a harm score for children and young people, up to the age of 25, and identifies if they are on the cusp or well entrenched in areas of serious violence. Referrals into the Violence Reduction Partnership are then made based on these scores.

She said that another app used was Business Objects and this delivers reports directly to her team from analysts on missing children under the age of 18 in B&NES.

She added that the local Neighbourhood and Response Teams will also contact us directly if they have concerns over any individuals or groups. She added that her team has a particular focus on the 11 – 17 age range.

She said that she and the Violence Reduction Unit Coordinator 1-2 times a week and share data on a regular basis.

The Chair asked if membership of the Partnership was prescribed.

The Head of Young People's Prevention Services replied that there were a number statutory partners that have a duty to collaborate and these were Police, Local Authority, Fire & Rescue, Youth Justice Services, Probation and Integrated Care Board. She said that they also welcome the involvement from other agencies, including education settings and the Voluntary Sector.

The Chair asked if representatives of the Knife Crime Task Group could have sight of the surveys to be given to young people as part of the Strategic Needs Assessment.

The Head of Young People's Prevention Services replied that they would be happy to share the question content with them.

The Panel **RESOLVED** to:

- i) Note the progress made in transitioning partnership arrangements from a Violence Reduction Unit to a Violence Reduction Partnership that works to fulfil the Serious Violence Duty.
- ii) Note the local initiatives being undertaken to address concern about serious violence including knife crime.

## **25 CREATION OF A TASK GROUP TO REVIEW KNIFE CRIME**

The Chair of the Panel introduced this item and explained that the proposal to form a Task Group had been agreed at a meeting of full Council on 20th July 2023. The Chair stated that work agreed by the Task Group would need to fit in with the work of the Serious Violence Partnership.

The Policy Development & Scrutiny Officer addressed the Panel and said that the benefits of working within a Task Group format was that it can be flexible and dynamic in its approach. He added that the meetings would not be held in public and would therefore be able to deal more appropriately with any sensitive information that may need discussing.

He explained that the Group does not have to be configured politically and that it would elect its own Chair at its first meeting. He added that on conclusion of their work they would report back their findings to a public meeting of the Panel before passing on any recommendations to the Cabinet Member.

Councillor Alex Beaumont asked if the Task Group was only to be formed of members of this Panel or could Councillors from wards that have been affected by these recent incidents be involved.

The Policy Development & Scrutiny Officer replied that membership was not constrained to Panel members, but stated that no member of the Cabinet would be able to take part.

Councillor Liz Hardman asked if Council would be involved in any further stage of the process.

The Policy Development & Scrutiny Officer replied that any recommendations would be made to the Cabinet Member or the Cabinet as a whole. He added that if there were to be any policy changes as a result then they would come before Council.

Councillor Paul Crossley commented that he thought that this was an excellent proposal. He questioned whether the timing of the report back to the Panel would have an impact on the budget setting process if further resources were decided to be required.

The Policy Development & Scrutiny Officer replied that the feedback timeline of 6 months within the report was a guide in order to try to keep momentum in place and was not set in stone. He added that during the evidence gathering process they could advise the Cabinet Member of any potential budget discussions.

The Chair added that Lead Officers would also be advised to take any early findings into account. She asked if the evidence that the Task Group receives can be broad and include local external partnership groups as well as from within the Council.

The Policy Development & Scrutiny Officer replied that they could and that is what he would advise.

The Head of Young People's Prevention Services reminded the Panel that there was a legislative deadline of 31<sup>st</sup> January 2024 for submitting the Strategic Needs Assessment and publishing a supporting strategy and that they should have that in mind when commencing this work.

The Chair commented that the Task Group would take into account the work of the Strategic Needs Assessment. She also wished to thank the Head of Young People's Prevention Services for all the work she has done for the Council and wished her well in her retirement.

The Panel **RESOLVED** to;

- i) Agree to establish a Knife Crime Task Group;
- ii) Endorse the proposed terms of reference, as detailed in para 3.8;
- iii) Delegate authority to the Panel Chair and Vice Chair to finalise the task group membership;
- iv) Request that the task group's findings and recommendations are reported back to the Panel for endorsement within six months of its first meeting.

## 26 SUPPORT FOR YOUNG CARERS

The Director of Children's Services & Education introduced the report to the Panel and highlighted the following sections.

- Bath & North East Somerset Council has commissioned the Carers Centre to deliver a Young Carers Service, which holds the Councils' delegated authority to provide statutory needs assessments for young carers on request as per The Children and Families Act (2014). The Young Carers Service has a dedicated Team to assess and support young carers locally. The Young Carers Service, in partnership with other services, promote awareness of young carers and ensure that their needs are identified through Early Help assessments, with clear guidance for practitioners.
- The Young Carers Service delivers a wide range of short breaks and youth activities for different age groups throughout the year, which provide opportunities for young carers to have a break from their caring role and spend time with their peers. The activities are informed by young carers and their families.
- The Young Carers Service delivers *Wellbeing Groups* for young carers, providing emotional support and strategies for coping with the stresses that come with caring.
- The Young Carers Service delivers *Family Events* for young carers and their families, giving them the opportunity to spend quality time as a family and meet and connect other families who may have similar needs.
- The Young Carers Service provide training, advice and information to schools. Schools are encouraged to offer proactive support to Young Carers in their settings, such as Young Carers Support Groups, a 'Delegated Lead' for young carers so that they know who the 'trusted adult/s' are that they can talk to, and ensure there are processes in place for staff to know who the young carers are in their school and guidance on how they can be supported.

- If a young carer is bereaved, the Carers Centre would support them to find a relevant service such as *Winston's Wish* or *We Hear You*, who are experts in providing this support. A very small proportion of Young Carers in BANES have had a parental bereavement or are caring for a parent with a terminal condition.
- The Children and Families Act 2014 gives young carers and young adult carers in England a right to a carer's assessment and to have their needs met (if the assessment shows this is needed).
- B&NES Council outlined its commitment to young carers in The B&NES Young Carers Strategy 2022–2024. The Strategy is an excellent example of co-production by B&NES Council, Young Carers and The Carers Centre which set out six priority areas covering Recognition of young carers; What Young Carers Need - Deliver young carers needs assessments on request for all young carers; Support for Young Carers; Help others understand Young Carers; Always involve Young Carers and their families; Growing and changing with Young Carers – Transition primary – secondary- tertiary – adult services as a carer.

Kevin Burnett asked how Young Carers were identified.

The Director of Children's Services & Education replied that information is available to all schools to enable them to help identify those young people who are undertaking this role. She added that the Carers Centre would then carry out an assessment when notified. She said that any young person could also self-refer themselves to the Carers Centre.

She said that schools are encouraged to identify a designated lead for this area and that information is available via the Early Help app and the Council's website.

Councillor Dave Harding asked if any information was available as to the gap in time between a young person beginning to provide care and them being formally identified as a Young Carer.

The Director of Children's Services & Education replied that she did not have that information to hand and would seek a response for the Panel.

Councillor Joanna Wright asked whether, as Corporate Parents, the age range of this provision should be extended up to 25 from 18.

The Director of Children's Services & Education replied that when a young person, who is known to the service, becomes 18 or prior to that date they would work with Adult Services to oversee a transition as to what their needs would be post-18.

Councillor Liz Hardman said that she would like to encourage schools to have a more active role in this process. She suggested whether an indication could be if they are missing school on a regular basis to carry out their carer role. She stated that the service needs to be funded appropriately and that to be using reserves was not sustainable.



The Director of Children's Services & Education replied that the Young Carers Service visit schools on annual basis to provide training. She added that information is available also through our Early Help Services and our Commissioned Services.

The Director of Education & Safeguarding added that the Children Missing Education Service will be aware of this service and can advocate to schools if they become aware of any issues. He added that it is also promoted by School Nurses and GP Practices.

Councillor Hardman said that further ways to raise awareness should be considered and explained that recently her local GP had sent an all patient text message on this subject in the hope that those young people can be made aware of the support that is in place should they need it.

The Director of Children's Services & Education said that the budget setting process was ongoing and that this would be included as part of those discussions.

Kevin Burnett suggested that the matter is also raised with the BSW ICB.

The Panel **RESOLVED** to note the update provided.

## **27 SCHOOLS CAPITAL PROGRAMME**

The Education Business Manager introduced the report to the Panel. He explained that there was now a changing nature to the Schools Capital Programme because our pupil numbers have plateaued and we therefore receive a low allocation of funding in terms of the basic need element.

He added that the Council is still responsible for maintenance for the four remaining maintained non-VA schools and has a budget of £179,000 for any such works.

He stated that the big change has been the increased allocation of SEND funding which has been primarily linked to financial pressures being faced and that this has enabled the SEND Capital Strategy to be put in place for more local provision to be allocated.

He added that an agreement was in place for a new Free Special School and they were awaiting a decision on whether a new Alternative Provision School within B&NES will be approved. He said that further projects were also detailed within the report.

Councillor Paul Crossley commented that the additional SEND funding was excellent for our disadvantaged children and young people. He asked how the size of the projects listed in sections 3.7 and 3.8 were decided, whether the sites were to come from existing Council owned land and if there was enough funding in place for these specific projects.

The Education Business Manager replied that the SEND Small School with Residential unit is planned to hold 16 residential placements and around an

additional 20 day placements and therefore was not on a large scale. He added that they were in the process of assessing if there were any local sites available for refurbishment. He stated that the funding received is very welcome, but there would still be a challenge to complete the project with the allocated funds.

Councillor Crossley asked if B&NES children would have a priority over the allocated places at these new provisions.

The Education Business Manager replied that they would not as place allocation can't be controlled on that basis and that if pupils from other Local Authorities applied and were allocated a place it would have to be honoured. He added that across the South West of England, through the SEND Capital Strategy, multiple Free Schools are being built in a number of locations in collaboration with the DfE.

Kevin Burnett asked for clarification that the mainstream projects were all being funded through either Section 106 agreements or Government grants.

The Education Business Manager replied that all the projects listed were being funded through Government grants or a Section 106 agreement apart from the Bath College, Somer Valley Campus, Radstock Residential Unit which was to be funded (£4m) through Council borrowing paid for by savings from existing costs.

Kevin Burnett asked if further investigations were expected to take place on school sites within B&NES with regard to RAAC. He asked if the expenditure on these investigations nationally would have any effect on future funding provision.

The Education Business Manager replied that it has been stated that any funding that has already been allocated and notified will be retained, but we don't know at this stage what the impact will be on any future allocations. He added that as far as he was aware there is no RAAC within schools within B&NES, but said further investigations are to be carried out in the four maintained non-VA schools.

The Director of Education & Safeguarding added that he was aware that MATs were also being advised to carry out further investigations following the latest advice from the DfE. He stated that the Council are not responsible for the condition or day to day running of those buildings.

The Chair asked for both of the Cabinet Members associated with the Panel to provide an update in due course following the completion of any investigations.

Councillor Liz Hardman asked if the former Culverhay site was being considered as a future site of one of the Free Schools.

The Education Business Manager replied that the site for the Free Special School was being identified by a company named Located, which is part of the DfE, and two possible sites are within the Keynsham area. He added that if the bid for the Alternative Provision School is successful that will be located on the former Culverhay site.

The Panel **RESOLVED** to note the update provided in the report.

**28 PANEL WORKPLAN**

The Policy Development & Scrutiny Officer introduced this item to the Panel. He informed them that the following items were scheduled for their meeting on October 9<sup>th</sup>.

- Adult Social Care Transformation Update
- Peer Review
- Update on the Staffing Position across our Care Homes

Councillor Joanna Wright commented that she would like the workplan to show more future items for the upcoming meetings.

The Chair replied that she would meet with officers and the Vice-Chair to discuss forthcoming items that can be added to the workplan. She added that at a previous meeting they had expressed that they would like to receive reports on Child Exploitation and the Covid vaccination process for young people.

Councillor Dave Harding said that he would like the Covid report to include how schools will manage future infections and maintain good air quality within their schools.

Councillor Liz Hardman requested that the Schools Attainment report be scheduled for March 2024.

The Chair asked that this report includes reference to what impact Covid will have had on results, especially for those pupils in Key Stage 4.

The Panel **RESOLVED** to note those requests made for future reports and approved the workplan as printed.

The meeting ended at 11.57 am

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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# Bath & North East Somerset Council

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## Improving People's Lives

**Adult Social Care Transfer and 1 Year Direct Award Update**

**Children's & Adults Health and Wellbeing Policy Development and Scrutiny Panel  
9<sup>th</sup> October 2023**

**Claire Thorogood, Assistant Director Strategy, Transformation & Governance**

# Community Services Transformation Programmes Structure

<p><b>Programme One</b></p> <p><b>ASC Redesign &amp; Community Partners</b></p>	<p><b>Programme Two</b></p> <p><b>Public Health</b></p>	<p><b>Programme Three</b></p> <p><b>Community Based Integrated Care (B&amp;NES)</b></p>
<p>SRO: Suzanne Westhead</p> <p>B&amp;NES Council</p>	<p>SRO: Rebecca Reynolds</p> <p>B&amp;NES Council</p>	<p>SRO: Laura Ambler and Richard Smale</p> <p>Integrated Care Board BSW</p>
<p>Claire Thorogood – Assistant Director Strategy, Transformation and Governance Ann Smith – Assistant Director Operations Natalia Lachkou – Assistant Director Integrated Commissioning</p> <p>Tereza Cleverley – Project Manager for ASC transfer Gary Guest – Project Manager for Community Partners</p>	<p>Marcia Burgham – Senior Commissioning Manager leading review of services and options appraisal process</p>	<p>Natalia Lachkou – Assistant Director Integrated Commissioning working with BSWICB colleagues for review of community health services</p>

# ASC Transfer of Services (approx. 240 people)

Key cabinet decision made on 10th November 2022 to transfer services:

ASC Social Work Functions (PD01)	TUPE info received 31/3/23
First Response	10
Hearing & Vision Social Work	3
D2A Social Work Team	13
Social Work Community Teams - Bath and North East Somerset (NES)	26
Social Care Direct Reports	7
LD Direct Reports	10

Direct Payments (SD23)	TUPE info received 31/3/23
Direct Payments	2

Learning Disabilities Social Work Functions (SD43)	TUPE info received 31/3/23
LD Social Work Team	17
Autism Social Work Team	5
LD Annual Review Team	7

Learning Disabilities Provider Provision (SD43)	TUPE info received 31/3/23
Employment Inclusion Service	5
LD Carrswood (including vocational hub)	43
LD Connections	36
LD Shared Lives	4
LD Supported Living Service	48

# Enabling Workstreams

## Workstreams - reporting to Programme One Board

HR & HR Operations

IM&T, Systems, Reporting and Information Governance/Data Protection

Estates, Facilities and Health & Safety

Legal

Finance & Procurement, including transactional activity sub-groups

Communications and Engagement

Operational Redesign

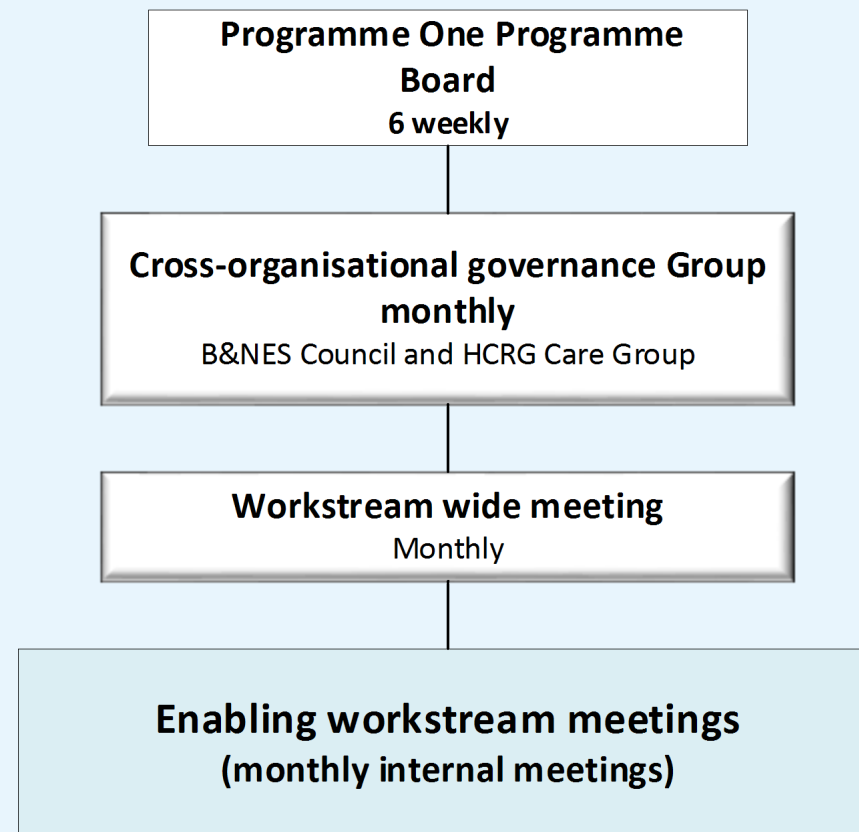


# Governance and Assurance

## Assurance Activity

- Monthly Lead Member Briefing
- Monthly Trade Union Briefing
- Regular review of Risk Register
- Further review of Risk Register with Lead Member
- Regular updates to CMT and SLT
- Internal Audit July to Sept Level 4 Substantial Assurance
- Workstream highlight reports generated with action tracker to monitor milestones achieved

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# Informal HCRG Care Group staff briefings

- Two informal staff briefings sessions held May and June (Adult Social Work Teams and Provider Services)
- Focus of sessions included Transfer of Undertakings (Protection of Employment) - TUPE and what it means for individuals

## Q&A themes from the briefings:

Terms & Conditions

Pay Awards

Pension

Base location

Systems/IT

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## Sessions in September focussed on:

- Recap of TUPE
- Progress on the transfer
- Next steps in the process, e.g. measures letter, formal consultation, increased engagement with services
- Information about the Council
- Question & Answer

Next sessions booked in November 2023

# Key Milestones and Achievements

- Confirmation of all Terms & Condition's (T&C's) – Sirona, Agenda for Change, Local Government and HCRG Care Group
- Commencement of the payroll build of T&Cs – September 2023
- Creation of seven workstream groups – corporate enabling functions
- Confirmation of all Information Technology equipment requirements across all teams – tender document for the purchase of required equipment drafted – September 2023
- Ongoing due diligence – HR, finance, estates, provider activities, staff training
- Creation of a communications and engagement strategy – workforce, service users & stakeholders
- Informal briefings with HCRG Care Group staff – commenced May 2023 and set thorough to transfer
- Positive outcome of Internal Audit

# Next Steps & Key Milestones

Page 28

- Setting the operational budget for service delivery
- Review of mobilisation costs
- Continued due diligence across Programme One
- Completed review of estates and premises
- Completed review of day services activities – how services operate
- Completed review of suppliers and alignment with corporate functions
- Formal consultation with HCRG Care Group staff
- CQC Registration – Shared Lives and Supported Living
- Business Transfer Agreement
- Programme One – project mid-point lessons learned session to continue ‘project excellence’

# Internal Audit – ASC Transfer Governance and Programme Management (draft report Sept 2023)

Assurance Rating	Opinion
<b>Level 4 - Substantial Assurance</b>	The systems of internal control are good with a number of strengths evident and substantial assurance can be provided as detailed within the Assurance Summary

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Assessment	Key Control Objectives
<b>Good</b>	Ensure that the Community Services Transformation (ASC Programme) governance framework has been formally agreed/adopted and is operating enabling all components of the ASC Programme to be monitored
<b>Good</b>	Ensure that risks associated with the insourcing of Adult Social Care Services (PD01 & SD43) have been identified, defined and adequately recorded enabling SMART actions to be monitored and scrutinised
<b>Good</b>	Ensure that reporting to stakeholders / decision makers is timely and that reports provide accurate and relevant information to monitor the achievement of agreed Programme objectives

# Internal Audit – Key Findings & Conclusion

- The audit review was conducted around the **mid-point stage of the project mobilisation phase**, therefore review is based on progress to date and current controls to manage and deliver the programme through to the implementation phase, i.e. 1<sup>st</sup> April 2024
- Due to the timing of the audit review it should be noted that any areas for improvement and associated recommendations highlighted in the audit report had **already been noted and in part actioned**
- The overall governance and programme management arrangements in place for Programme One – ASC Transfer are **robust and comprehensive**, programme is supported with key evidential documentation and records which are of a high standard, well organised and presented. The auditor was able to fully trace and track key projects tasks/ decisions, progress and the current risks.
- The project team have committed to '**project management excellence**' by reflecting on past experiences and identifying areas for improvement, this includes:
  1. **Applying and tracking learning** from the previous TUPE project (Adult Safeguarding). In particular, early engagement with key corporate functions and assessment of resources required has taken place to ensure that achievable milestones have been set.
  2. The Programme and Project Manager has made a commitment to speak with key operational staff who were part of the Community Resource Centres and Extra Care Housing services transfer back to the Council in October 2020, to **share experiences and develop further learning/ outcomes that can be applied to the Programme**
  3. **Logging ongoing lessons** with a view to having a mid-point reflection session during September/ October 2023, which will be supported with the findings from this audit review

# Governance Update & Next Steps

## Programme 3: Integrated Community Based Care (ICBC)

- Integrated Community Based Care Programme Board 28<sup>th</sup> September
- ICB Finance and Investment Committee 4<sup>th</sup> October

## Programme 1 ASC Transfer & Community Partners and Programme 2 Public Health

- B&NES Cabinet 9<sup>th</sup> November – update on progress with ASC Transfer and decisions to be taken on model for delivery of services as of April 2025 covering Community Partners and Public Health and decision to participate in ICBC procurement process for Community Health (BSW)

Proposal to come back to scrutiny panel after November 2023 cabinet decision on future operating model for community services for B&NES

# 1 Year Direct Award 2024-2025 – HCRG Care Group (B&NES)

- Single Member Decision implemented 26<sup>th</sup> July 2023 to endorse the proposal for an interim 1 year arrangement for commissioning of the Community Services contract
- Services commissioned will be delivered within approved policy and budget frameworks as per decisions taken by B&NES and BSW ICB in July 2023
- The 1 year direct award involves B&NES continuing to fund Public Health services and services delivered by Community Partners, along with the continuation of the contributions towards some Health Services as well as funding contribution to Better Care Fund pooled budget arrangement
- The transfer of the directly delivered services of Adult Social Care (ASC) is unaffected and continues to be progressed for the safe transfer of Adult Social Work (including Direct Payments Team) and Adults with Learning Disabilities and their Families as of 1<sup>st</sup> April 2024
- 9<sup>th</sup> November report to cabinet will include a decision on the B&NES funding liability for the 1 year direct award



# 1 Year Direct Award 2024-2025 – HCRG Care Group (B&NES)

## Contracting Process

- ICB Co-ordinating Commissioner and B&NES Council Co-Commissioner
- ICB leading contract negotiation and process with HCRG Care Group
- BSW ICB Community Services Commissioning Intentions 2024/25 agreed with HCRG Care Group
- No variations to contract including service specifications and Local Quality Schedule
- NHS Standard contract to be used and 2023-24 contract terms to roll over to 2024-25
- Awaiting confirmation from ICB on contract format - joint contract B&NES and Wiltshire or by locality as per current arrangements and awaiting NHS Standard Contract 2024/25 to be released for contract to be issued
- Work underway to agree contract governance and monitoring arrangements for 2024/25 between B&NES and ICB

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# Bath & North East Somerset Council

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**Improving People's Lives**

**Peer Review 12<sup>th</sup> to 14<sup>th</sup> September 2023**

**Children's & Adults Health and Wellbeing Policy Development and Scrutiny Panel  
9<sup>th</sup> October 2023**

**Ann Smith, Assistant Director Operations**

# Bath and North East Somerset Council Preparation for Assurance

## Peer Challenge – 12<sup>th</sup> -14<sup>th</sup> September 2023

Peer Challenge Explanation	Peer Challenge Team
Sector led improvement peer challenge process	Sara Storey – <i>Director for Adult Health and Social Care People, Adult Health and Social Care, Nottingham City Council</i>
Invited in as ‘critical friends’ with ‘no surprises’	Councillor Marian James – <i>Liberal Democrat and lead member for Adult Social Care London Borough of Sutton</i>
Non-attributable information collection	Chris Pelletier – <i>Deputy Director, Southampton Integrated Commissioning Unit, Hampshire and Isle of Wight ICB &amp; Southampton City Council</i>
People have been open and honest	Avril Mayhew – <i>Head of ASC Operations and Deputy Director of Adult Social Services, London Borough of Camden</i>
Recommendations based on the triangulation of what we’ve read, heard and seen	Margaretha Staines – <i>Principal Social Worker, London Borough of Camden</i>
Feedback designed to help you prepare for the regulator through your own improvement	Penny Hynds – <i>Peer Challenge Manager, LGA</i>
Offered in good faith	

# Bath and North East Somerset Council Preparation for Assurance Peer Challenge – 12<sup>th</sup> -14<sup>th</sup> September 2023

Peer Challenge Process	Feedback Based Upon
Scoping meeting	The peer team read relevant documentation including a self-assessment
Peer challenge team sourced	A member of the peer team considered <b>6</b> case files from across the areas of adult social care
Pre-reading document and data analysis	Throughout the peer challenge the team had more than <b>36</b> meetings with over <b>140</b> different people from adult social care and partners
Case file audit	The peer challenge team spent over <b>184</b> plus prep hours with B&NES Council and its documentation, the equivalent of <b>24.5</b> working days
Interviews, meetings and focus groups	
Feedback presentation	
Report	

# Key Messages

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



## Assurance Themes

### 1: Working with People

- assessing needs
- direct payments
- charging arrangements
- supporting people to live healthier lives
- prevention
- wellbeing
- information and advice
- addressing barriers and reducing inequalities



### 2: Providing Support

- care provision, integration and continuity
- market shaping
- commissioning
- workforce capacity and capability
- integration and partnership working



### 3: Ensuring safety

- safeguarding enquiries and reviews
- Safeguarding Adult Board
- safe systems - continuity of care
- safe systems - pathways and transitions



### 4: Leadership

- culture
- strategic planning
- learning
- improvement
- innovation
- governance
- management
- Sustainability



# Theme 1: Working With People

Strengths	Considerations
Both people with lived experience that we spoke to were really positively about their support and their relationships with practitioners	Carers Strategy – consideration of the timescales
Practitioners gave some great examples of outcome focused practice with people	Strengthening the planning arrangements including pathway for care leavers and timeliness for young people in transition
Exceptional Community Wellbeing Hub and Live Well website	Opportunity to strengthen the relationships between teams to reduce handoffs
Strong strategic relationship with 3 <sup>rd</sup> Sector who are seen as integral to the prevention agenda	Opportunity to develop the information and advice and prevention offer for self-funders
Commissioners and other colleagues' strong commitment to putting the person at the centre of their work	Access to interpreters and BSL is described as a challenge resulting in delays
Legal support – impressive, preventative and person centred	



## Theme 2: Providing Support

Strengths	Considerations
True collaboration with partners to support people and commitment to providing support closer to home	Opportunities to strengthen the offer around technology enabled care, equipment and preventative approaches
Learning from previous insourcing to inform plan for next phase	Data driven and evidence-based practice as part of your quality assurance and performance framework will lead to positive experiences of provision and better outcomes
Well-developed approach to place-based integrated commissioning	Continue work to enhance the shaping, development and management of the market where there is a high proportion of self-funders
Great examples of professional intervention as direct support	Monitor the impact of new hospital discharge model in relation to Social Workers presence in hospital
Hospital discharge – home is best (Hub in RUH)	We have heard from the third sector their concerns around future financial sustainability
Accelerated improvements within in-house provision	

# Theme 3: Ensuring Safety

Strengths	Considerations
Community Safety and Safeguarding Partnership – strong commitment across all of the partners and parity across each of the three strands	Opportunities to consider the model for Safeguarding through the plans for restructuring
<p>Plan and to</p> Good strong joint working between commissioning, safeguarding and in-house services in relation to provider failure and response to large scale concerns	Opportunities to strengthen the work of the Board should resources become available to harness innovation
Dedicated safeguarding telephone line	Opportunity to strengthen proactive quality assurance and contract monitoring to seek to reduce the risk of provider failure
Resilient and supportive in-house safeguarding team	Recognition of the need to embed co-production within the adult part of Safeguarding Board
	Work in partnership with the Chair to strengthen evidence-based assurance

# Case File Audit Findings – review of 6 cases

Strengths	Considerations
<p><b>Safeguarding</b></p> <p>Evidence provides reassurance that people are being kept safe and that risks are appropriately identified and managed            Robust and well recorded Safeguarding Adults Management (SAM) oversight including clear actions as well as timeframes for the completion of actions            Well written and proportionate safeguarding minutes</p>	<p><b>Safeguarding</b></p> <p>Although there was evidence that people were being involved in safeguarding and that their views were taken into consideration, principles of Making Safeguarding Personal could be further developed and evidenced in the way practitioners record</p>
<p><b>Learning Disabilities</b></p> <p>Very clear evidence of relational practice, taking a person-centred approach and working beyond the boundaries of the Care Act</p>	<p><b>Mental Capacity</b></p> <p>More focus is required on Mental Capacity Act and the consistent application of the fundamental principles underpinning legislation and practice. The gravitas of decisions around mental capacity must be given due consideration</p> <p>Greater consideration of involving Care Act Advocates and Independent Mental Capacity Advocates when appropriate and including them as early on in the intervention with the person as possible</p>
<p><b>Approved Mental Health Practitioner (AMHP)</b> - Evidence of skilful recording which provides a strong sense of who the human being is balanced with the process, legal literacy and professional opinion</p>	<p><b>Carers</b></p> <p>Records reviewed did not evidence a robust approach to supporting carers and recording carers assessments</p>
	<p><b>General Recording Practices</b></p> <p>Use of abbreviations, acronyms and jargon throughout all records</p>

## Theme 4: Leadership

Strengths	Considerations
Whole Council vision – 1,2,3,4 clear simple and effective	Key opportunity to develop strength-based approaches to the use of technology enabled care, equipment and digital strategy towards achievement of best value
Impressive leadership, which is demonstrated at many levels throughout the organisation and across partnerships	Ensure consistent communication of the vision and accessibility and visibility for all colleagues in the context of the transfer arrangements
Strong collaborative leadership around hospital discharge and winter pressures <i>“What can I do to help rather than who is to blame”</i>	Use the opportunity of insourcing to develop a more consistent approach to managing the interfaces between teams
Development of Adult Social Care Strategy and Vision with full commitment of the whole Council	Consider reviewing financial lines of accountability to develop clear links to practice

## Next Steps

- Receive final report for review and develop plan to address areas for development
- Hold lessons learnt session with team that led, managed and contributed to the Peer Review
- Mid Year Review of ASC Directorate Plan (Nov) to include Peer Review feedback and prioritise areas for development
- Ongoing consideration of transfer of ASC services as of 1<sup>st</sup> April 2024
- Update Self Assessment Report and publish
- Lessons learnt from other Peer Reviews to inform our CQC Assurance preparation
- Appointment of a Quality Assurance Lead
- Extend contract with Jon Goodwin until Christmas to focus on areas of development and ongoing preparation for CQC Assurance

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<b>Bath &amp; North East Somerset Council</b>		
MEETING/DECISION MAKER:	<b>Children, Adults, Health &amp; Wellbeing Policy Development &amp; Scrutiny Panel</b>	
MEETING/DECISION DATE:	<b>09/10/2023</b>	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	<b>Care Workforce in B&amp;NES and The Care workforce in our in-house provision – Review Autumn 2023</b>	
WARD:	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report: None</b>		

## 1. THE ISSUE

1.1. Over the last few years there has been growing concern about the capacity and pressures for the care and health workforce. This report is an opportunity to explore and consider the issues and the responses currently in place to support both the wider Care and health workforce in B&NES and specifically the workforce related to the provision run directly by the Council.

## 2. RECOMMENDATION

2.1. The Panel is asked to note the report.

## 3. THE REPORT

### 3.1. The makeup of the care workforce in B&NES

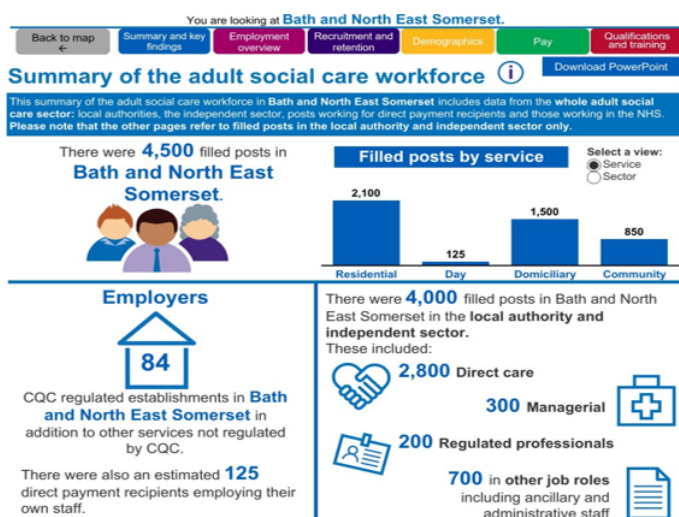
Bath and North East Somerset have a care workforce of around 4,500<sup>1</sup>. This is made up of care workers in care homes, home care and extra care across 80 registered services, 68% care homes (nursing and residential) and 32% home care/extra care.

About 15% of these workers are on zero hours contracts with 85% having specific contracted hours. 42% are working fulltime. Part-time and zero hours contracts remain popular options for care workers as the majority are fitting their work around caring responsibilities for families, children and older parents.

The turnover rate of care staff within B&NES is 26.9%, which is the lowest in the South West, although it is comparably higher than some other employment sectors. Most providers are working with an average vacancy rate of 11.5% which is average for the South West, with 61% of recruitment taking place from within the sector.

This is a predominantly female workforce, with 85% of workers being female, but since the recession local intelligence suggests that the next data collection will suggest a slight rise in the number of men gaining employment in caring roles.

<sup>1</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/local-information/Local-area-comparison.aspx>



Roughly a third of the workforce are over 55 years of age and, reflecting the B&NES population, are 88% British and those from Europe make up a further 7% of the workforce. 91% of the workforce are not from black, Asian or ethnic minority groups.

All workers are recorded as being paid at or above the minimum wage, with an average salary that is one of the highest in the Southwest. However, B&NES compares low to other local authorities in the Southwest with only 33% of workers having a care qualification.

### Council Managed provision

Within this workforce B&NES Council operate 9 distinct services under 5 separate CQC registrations. These include 3 Community Resource Centres (Care Homes), 5 Extra Care Housing Schemes (ECH) including 7 Stepdown units and a domiciliary care agency called United Care B&NES (UCB). Some of these services are provided solely by the Council (the CRCs), and some of these are provided in partnership with other organisations; Extra Care/Stepdown (x3 Housing provider partners) and the domiciliary care agency UCB, which is a pilot between B&NES Council and RUH (2 year pilot). There are approximately 689 staff, including bank staff who work in these services. (15% of the B&NES care workforce).

These in-house provider services are broadly reflective of the wider workforce described above; with only 8% of our workforce being men, and the majority of the workforce are again not from black, Asian or ethnic minority groups, and a similar level of qualifications and pay rates, but generally better terms and conditions.

## 3.2. Current Challenges

The care sector has been under considerable challenge over the last few years. The covid pandemic and Brexit, closely followed by the current cost of living crisis, has put the workforce under considerable pressure. The following key areas are of concern:

### 3.2.1. Recruitment and Retention

The Care Quality Commission raised six clear areas of significant concern in October 2022, namely:

- Providers are losing the battle to attract and retain enough staff.
- The persistent understaffing across health and social care poses a serious risk to the safety and wellbeing of people who use services.
- More than 9 in 10 NHS leaders have warned of a social care workforce crisis in their area, which they expect to get worse.
- Care homes have found it very difficult to attract and retain registered nurses. We have seen nurses moving to jobs with better pay and conditions in the NHS, and care homes that have had to stop providing nursing care.
- Of the providers who reported workforce pressures having a negative impact, 87% of care home providers and 88% of homecare providers told us they were



experiencing recruitment challenges. Over a quarter of care homes that reported workforce pressures told us they were actively not admitting any new residents.

- Only 43% of NHS staff said they could meet all the conflicting demands on their time at work. Ambulance staff continue to report high levels of stress.

**Council Managed provision** has not been exempt from these pressures, particularly having been transferred from Sirona care & health back to the Council in October 2020, mid-pandemic.

On transfer, with an already depleted and exhausted workforce, the in-house services relied heavily on agency staff to ensure safe levels of staffing. This agency usage severely impacted both budget and quality of service, and has been a significant factor in 2 care homes rated by CQC as Requires Improvement and 1 Inadequate in October 2022 (this has subsequently been rating improved to RI). New approaches in the last year have started to make an impact on this and overall use of agency staff has reduced, however staying on-top of recruitment and retention remains an on-going challenge.

### 3.2.2. Limited Training and Qualifications

As noted above, with high turnover and difficult recruitment, training has not been significantly prioritised across the sector. Workers often leave or move on to other providers, but do not start or continue their studies. This can mean that training beyond mandatory expectations can be limited and does not support carers taking forward a career in care. The Care Skills Agency has continued to offer a broad range of training and support to providers, but providers have not always wanted or, in some cases, given sufficient encouragement to engage.

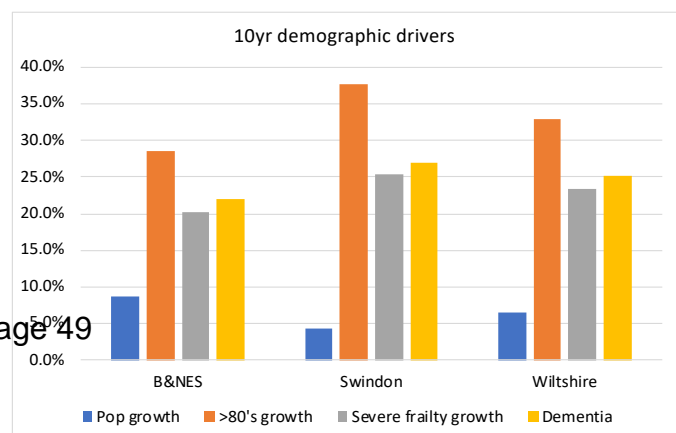
**For our Inhouse provision** we have also struggled with qualifications, with approximately 60 - 70% compliance with mandatory training across all the services. Currently 5% have a specific care qualification.

When the in-house services transferred back to the Council, they lacked training infrastructure such as a service-based qualified trainer, for example. A full training programme and new training provider had to be procured, in order to ensure that staff were trained at least to mandatory training levels, as required under our registration with CQC.

We now support and encourage our new staff to complete the care certificate, and existing staff can complete the self-assessment tool. During induction, staff members work with their line manager to complete the workbook over a 12 week period. This is then marked by an internal verifier. Particular support has been given setting up the training “kiosk” to support staff to access online learning which they had not been used to previously and had been somewhat nervous about. This has been welcomed by staff.

### 3.2.3. The growing Elderly population

Care providers are also aware that the population of older people is increasing, this is particularly so in the South West with not just an overall increase in the number of older people, but a specific



increase in people with dementia and severe frailty.

The reality is a growing imbalance in number of people who are older and frailer, with fewer younger people available to look after them.

**For Inhouse Care** this increased frailty has also been experienced. Our extra care services now receive referrals for clients with the type of need that would historically have been met with Residential care. People who lived in these services used to be with us for between 3-5 years, now it is closer to 1 year to 18 months. The services have recently undergone a review of care charges for the first time in 15 years, leading to a new set of criteria. This includes an increase in the number of hours that we can offer to extra care residents, enabling them to remain with us for longer.

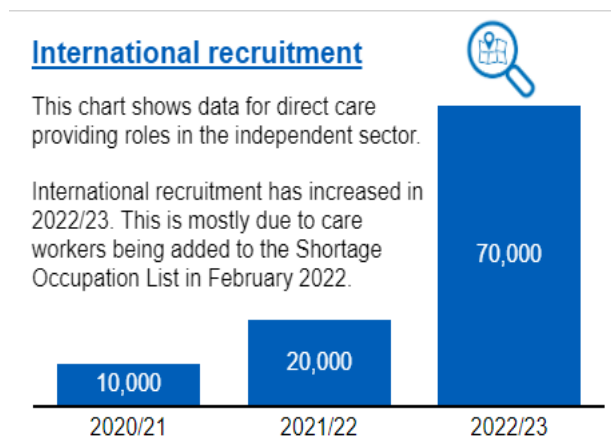
There is also an increase in the number of people living with more complex dementia; this demand has resulted in us notifying CQC of our request to provide complex dementia nursing at one of our Care Homes; this would enable our residents to continue living the rest of their lives with us, preventing the need to for them to move to another Home.

### 3.2.4. Overseas Recruitment

In response, many providers have been turning to overseas recruitment following changes to the shortage occupations list in February 2022 to include care workers and home carers. As a result, new starters in the workforce arriving in the UK increased by 7% in 2022 and recent figures published by Skills for Care suggest the impact of this trend is still increasing despite limited to no impact on the overall vacancies in the sector. This solution has not been easy for care providers. For providers there are challenges in:

- Identifying legitimate employment agencies
- High fees from agencies, that could be bona fide or inflated by middle men and women
- Navigating the administrative process
- Organising travel arrangements for workers once in the UK, including getting to site and clients' homes
- Providing support for new recruits as they cope with different cultures, languages and systems
- Understanding the legal responsibilities and expectations for sponsored and overseas workers
- Securing accommodation for incoming workers, particularly those who come with families.

There are also significant risks for the care workers. Nottingham University has over the last eight years been exploring the risks for care workers, raising 4 key areas of concern<sup>23</sup>:



<sup>2</sup> [https://www.nationalcareforum.org.uk/wp-content/uploads/2019/12/MSEU-Briefing\\_Modern-slavery-risk-in-adult-social-care\\_FINAL.pdf](https://www.nationalcareforum.org.uk/wp-content/uploads/2019/12/MSEU-Briefing_Modern-slavery-risk-in-adult-social-care_FINAL.pdf)

<sup>3</sup> <https://www.nottingham.ac.uk/Research/Beacons-of-Excellence/Rights-Lab/resources/reports-and-briefings/2022/July/The-vulnerability-of-paid-migrant-live-in-care-workers-in-London-to-modern-slavery.pdf>

- Debt bondage – migrant workers were found to have borrowed money to travel to the UK for employment and were working in the care sector to pay off their debts and, since recent changes, are being held responsible for sponsorship fees.
- Remuneration risks – such as the withholding of wages, excessive deductions from wages for food and rent, receiving a rate of pay below the national living or minimum wage, or not receiving a wage at all. Migrants, particularly those who have no legal right to work, were found to be especially vulnerable.
- Recruitment and selection risks – care home managers acknowledged that the use of recruitment agencies left open the possibility of omissions in recruitment and selection checks that fall short of regulation guidelines.
- Occupational risks – care-workers were found to be particularly vulnerable to excessive overtime, the threat of physical violence and the risk of sexual abuse often not followed up or known about by the provider.

Recently, this has particularly come to the fore in the media, noting similar risks as have previously been seen in other areas of the workforce, but not as well understood in the care sector. Unison<sup>4</sup> have also noted the huge financial burdens being placed on care workers with a wider inditement noting the poor treatment of workers from basic lack of respect and thanks to legal exploitation and modern slavery for overseas workers.

This has created a complex problem with difficulties separating out wilful exploitation by third party agencies, negligence or lack of understanding by care providers about their responsibilities and ultimately provider failure potentially leaving residents in B&NES without care.

**For Inhouse Care** so far, we have largely aimed not to use overseas recruitment apart from in the newest homecare service United Care B&NES through recruitment led by RUH. During this time we, like other providers, have struggled with the rules and regulations around overseas recruitment.

### 3.3. Strategies Supporting the workforce in B&NES

To respond to these challenges and support providers within B&NES, the Integrated Commissioning teams have taken forward a number of pieces of work:

- **Funding** – B&NES Council have used available resources, both during and post pandemic, to ensure that providers are best placed to be sufficiently remunerated to provide quality care. B&NES now pay an hourly rate for home care that meets the thresholds recommended by the Home Care Association<sup>5</sup> and will be working towards the programme of reforms with the Build Back Better Government initiative and a grant announced in July 2023 for workforce costs<sup>6</sup> to ensure pay is as good as it can be.
- **Extra support to getting to CQC “good”** - In July 2023, 38 of 53 (72%) of care homes inspected by the CQC were rated as Outstanding or Good. This is comparably low to the national average of 82%. For home care, 20 of 24 (83%) were rated as Outstanding or Good compared to a national average of 86%. The resultant action has been to develop the B&NES Quality and Risk Oversight Group, consisting of representatives from the commissioning teams, safeguarding team, the Quality Team from the BSWICB and the CQC, to share information on services

<sup>4</sup> <https://www.unison.org.uk/news/press-release/2023/07/migrant-care-staff-in-uk-exploited-and-harassed-by-employers-says-unison/>

<sup>5</sup> <https://www.homecareassociation.org.uk/about-us.html>

<sup>6</sup> <https://www.gov.uk/government/news/600-million-social-care-winter-workforce-and-capacity-boost>

and providers with a view to setting clear actions to address areas of poor quality and move to a more proactive approach to managing quality and risk.

- **Expanded contract management and continued work with Safeguarding teams and CQC** – The commissioning teams have now included questions regarding exploitation in assessing new providers for entry onto frameworks and during the quality and contract management of existing providers. This work is done alongside Safeguarding teams and the CQC who meet regularly to assess and monitor the quality of providers. Commissioning teams have been able to support providers to challenge areas of concern and explore processes to support and manage risks. There are however, we are pleased to say, few providers that have given us cause for serious concern. Our experience so far has been that providers are not wilfully exploiting workers, but sometimes don't recognise the support they could be giving to staff and are not always fully aware of their responsibilities. Currently, there are two providers who are under additional scrutiny. This scrutiny is always taken forward with the CQC and with support from safeguarding. Appropriate decisions and information are made and shared with the police and/or the Home Office as necessary. As of September 2023, only one case, in June 2023, led to contracts being removed from a provider under Wiltshire Council's responsibilities, but with some B&NES clients (the outcome of the case is still pending). In this instance confidentiality is being maintained while the police and home office take forward their investigations. At this stage CQC have not withdrawn the providers registration, but in line with Wiltshire, all those needing care have successfully had their care moved to a new provider to ensure least disruption to the individual's safe care.
- **Training and awareness raising for commissioners** – all commissioners have been given opportunities to raise their awareness around the risks and concerns around modern slavery and our responsibility to support the effective development and management of the market. The council now makes awareness raising materials available to commissioners and leaders of our inhouse provision.
- **Reviewing the provider failure policy** – The Local Authority has a policy to respond to provider failure whether that be over a phased closure or an immediate closure due to irregularities or sudden collapse. This is being reviewed and revised to respond to the scope of the difficulties now facing providers ensuring that B&NES residents and the workers are supported through difficult times.
- **Creating the BSW Academy Domiciliary Care Steering Group** – The Director of Adult Social Care, Suzanne Westhead, has led the BSW Academy<sup>7</sup> Domiciliary Care Steering Group to investigate the concerns and challenges particularly for domiciliary providers. This has resulted in a BSW action plan that supports recruitment, training and planning. A number of recruitment events have been run in the past 2 years. This has been supported by B&NES investing in work with Proud to Care<sup>8</sup>, Clean Slate<sup>9</sup> and Westco<sup>10</sup> to support the recruitment of care staff for providers operating within B&NES. We are also promoting the use of the Adult Social Care Recruitment Guide from DHSE<sup>11</sup>.
- **Creating United Care B&NES** (a partnership between Royal United Hospital and the Council to create new home care provision) In 2022, under the auspices of the

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<sup>7</sup> [file:///C:/Users/westcoj/AppData/Local/temp/BSW-Academy-Strategy-v4%20\(1\).pdf](file:///C:/Users/westcoj/AppData/Local/temp/BSW-Academy-Strategy-v4%20(1).pdf)

<sup>8</sup> <https://www.proudtocaresw.org.uk/>

<sup>9</sup> <https://www.cleanslateltd.co.uk/>

<sup>10</sup> <https://www.westcocommunications.com/>

<sup>11</sup> <https://www.adultsocialcare.co.uk/include/documents/res/ASC-Recruitment-Campaign-Recruitment-Guide.pdf>

BSW ICA in B&NES, the Council and RUH came together to create the new home care agency (UCB) with the aim to recruit people from non-care backgrounds into an in-house provision that could create more care, particularly crossing over between health and social care provision. This agency is now doing well and is delivering a significant number of hours of home care in B&NES. This has enabled us to create more care, understand the needs and demands within the sector and flex to support areas of provider failure and support pressures in hospital discharge. Alongside this the commissioning team has drawn in new providers to the framework with a 25% increase in commissioned providers since this time last year.

- **Supporting specific recruitment with prime and anchor providers** – we work closely with key partners, to where possible, support the recruitment of key and critical posts. Prime providers are given access to each other's recruitment websites and will work together to recruit and train new staff. This approach is building on the strategic directives set out by the NHS<sup>12</sup> and enacted through our integration with partner organisations such as RUH, AWP and HCRG CG.
- **Supporting the wellbeing of carers** – During covid and onwards the Commissioning team used Infection, Prevention and Control grants to support the sector. This included looking to the wellbeing of staff. B&NES Council worked with the Community Wellbeing Hub to offer staff a range of activities that gave them time to unwind and do something other than care. This included woodcrafts and other leisure activities in B&NES.
- **Developing a Technology Programme** – Technology is now well used in the majority of professions, and this is also true of the care sector with many new and innovative approaches and equipment available to people to enable independent solutions to care needs. When used well this can reduce the need for care workers. B&NES ICA and Council have agreed to use Better Care Funds and apply for national funds to support a significant investment in B&NES to develop the use of technology. This will work alongside work with the Community Wellbeing Hub and third sector providers to ensure B&NES residents gain more opportunities for social contact through community provision. Using technology is one of a number of strategies also focused on ensuring that draws on statutory support are right sized.
- **Investing in forums and reviewing the role of provider alliances** – B&NES commissioners have always invested in strong relationships with care providers. Forums are well attended and engagement is high in engagement activities. We run forums for care home and home care providers, have regular newsletters and created a Market Sustainability Plan with providers. External providers have access to Council run training<sup>13</sup>. We are currently reviewing how we can work more closely with Skills for Care to increase the uptake of training through the Workforce Development Fund, use Skills for Care resources<sup>14</sup> around workforce development and developing how we work with the Care Associations to support providers in the sector including our inhouse workforce.

### Support for the For Inhouse Care Workforce

The In-house workforce has benefited from the wider measures taken and have set out a development programme using various and innovative ways of improving recruitment and retention including:

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<sup>12</sup> <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf>

<sup>13</sup> <https://beta.bathnes.gov.uk/sites/default/files/2021-06/Childrens-and-Adults-Workforce-Training-Strategy-2021-2024-v1.pdf>

<sup>14</sup> <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Workforce-commissioning-planning/Operational-workforce-planning.aspx>

- Working closely with a small dynamic element of the recruitment team, to recruit through platforms (such as Indeed<sup>15</sup>) and promote roles through social media.
- Working with Clean Slate<sup>9</sup> to support 6 people back to work.
- Identifying 'hard to fill' posts that would be eligible for "golden hello" payments, market supplements, and retainment payments.
- Working with Bath College to bring on our own new staff
- Restructured the services to consolidate our care offer and to put in place shift patterns that meet what staff have been asking for, and which also deliver better quality outcomes for our residents through consistency of staff.
- Putting forward new proposals to create a balanced portfolio of care.

### 3.4. Successes/Outcomes from Investing in the Workforce

**Growing the Work Force** - By working with Providers and developing our in-house services we have facilitated the work supporting people to remain at home for longer, with the number of home care hours delivered increasing from 4,300 to 6,200 between July 2022 and July 2023.

**Keeping People Safe** - In terms of the quality of the workforce, the Adult Social Care Outcomes Framework (ASCOF) figures for 21/22 reported that 91.4% of adults felt safe and secure by the services they received. There has been a steady rise in this level over the last six years and B&NES compares well to the national figure of 85.6%. People feeling safe when receiving care is an important measure, but we also need to do more work to support care workers to feel safe and valued in delivering care.

For our in-house services, the work carried out by our small recruitment team recruiting through Indeed, has paid dividends. In February 2023 there were 62 vacancies across the provider services. By September 2023 we have brought this number down to 26 vacancies. That is an increase of 58% in recruitment over a 7 month period.

**Responding to pressures and challenges** - Having an Inhouse workforce, has also enabled us to respond quickly and flexibly to support someone in crisis. For example:

- Charlton House provided a place of safety for a gentleman who required nursing when his wife who was his main carer was admitted to hospital recently. The call for help came in at 4.58 pm and he was in the service by 8 pm. He has now returned home as his wife was discharged home.
- During the Pandemic one of the care homes was also able to stand in for one of our community hospitals when the degree of covid related sickness and recruitment challenges meant the ward could no longer operate. Within 5 days all patients were being looked after on a floor of one of our care homes with our in-house workforce.
- When a private home care agency was suspended under Modern Slavery concerns, pending a police enquiry, UCB picked up 16 clients (202 hours) with minimum fuss and disruption to clients. UCB has kept 6 packages of care themselves and held the remaining 10 until other permanent agencies could be found.

<sup>15</sup> <https://uk.indeed.com/jobs?q=care&l=Bath%2C+Somerset&vik=765c9ec3f6132e0b>  
Printed on recycled paper

### 3.5. Summary

Overall, the challenges within the care workforce are significant. B&NES Council take their responsibilities seriously in this field and do not underestimate the complexity of the issues at hand. B&NES have taken an integrated and coordinated approach to meeting these workforce challenges, benefiting from a balanced use of in-house provision, working closely with anchor institutions, private and third sector providers, to ensure that we continue to work towards a capable, caring and sufficient workforce now and in the future. Our approach continues to be based on ongoing review of staffing and pressures between B&NES strategic commissioning function and B&NES providers – both in house and the wider provider market.

## 4. STATUTORY CONSIDERATIONS

- 4.1. As a Local authority, we are tasked under the Care Act 2014 to commission, contract and monitor care for the people of B&NES. Specifically, local authorities are to *“Influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support”*. As of July 2023, 34% of home care and 17% of care home beds were funded by B&NES Council reflecting the relative affluence of B&NES residents. The Local Authority however has a responsibility to ensure the whole market is sufficient, stable, safe and of the best quality possible. This responsibility is shared with the Care Quality Commission (CQC) and Skills for Care.
- 4.2. Adult Social Care is now in the first stages of becoming part of national assurance and inspection regime in a similar way to approaches that have been in place for Children’s services, SEND provision, care providers and schools for many years. This will be closely followed by system level inspection across Integrated Care systems. These inspections will be interested in workforce support as part of four themes of investigation and will look at both the support given to the wider workforce and also to care and health workers in our in-house provision.
- 4.3. B&NES Council provider services are also independently CQC regulated in the same way all care services are regulated. We work under 5 CQC standards and are responsible for ensuring that the services are Safe, Effective, Caring, Responsive and Well-Led.
- 4.4. The in-house workforce also needs to meet the outcomes highlighted in the Council’s Corporate People Strategy; with our new employer brand built around our BEST values to create an identity so that we improve the way that we attract and retain our staff, create a strong culture and promote the behaviours that will help us deliver our Corporate Strategy.

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

- 5.1. This paper is focused on the implications of challenges within the workforce. As such there are ongoing risks to the Council in meeting its statutory obligations to provide care and offer this at best value to the individual, the Council and the ICA. The lack of capacity and particularly the growing number of people who need care will continue to bring pressures.

## **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.

6.2. Overall the risks are significant and relate to:

6.2.1. Provider failure where investigations around modern slavery have significant points of concern that can lead to needing to move care at speed away from a provider.

6.2.2. Escalating costs in relation to both in-house and all fees charged by providers to meet appropriate salary levels.

6.2.3. Insufficient capacity and skill in the market to meet demand for care.

6.2.4. Reputational concerns where providers, including in-house provision, struggle to meet standards.

6.2.5. Legal concerns where providers break the law in relation to registered care and employment law, in particular, in relation to modern slavery.

6.3. Mitigations will include the utilisation of a new grants available this year, the Market Sustainability and Improvement Funds (MSIF) which have specific workforce elements and the continuing implementation of the strategies described here within the Directorate's plans. These risks are also under discussion in the planned reviews of the Adult Social Care Risk Register.

## **7. EQUALITIES**

7.1. There are significant equalities issues that need to be managed for the workforce including parity of pay, terms and conditions, and access to support. Unions continue to suggest that the care workforce remains undervalued and under recognised with pay levels and appreciation still lacking parity in relation to other professions.

7.2. There are also equality consequences of the challenges to the workforce for our communities. Difficulties in recruitment are often most notable in rural areas and localities with higher deprivation. This can mean unequal access to care for people in these localities.

7.3. In response as commissioners, we often need to offer higher rates in these areas to facilitate salaries which attract the workforce and cover mileage costs.

## **8. CLIMATE CHANGE**

8.1. The 4,500 workforce are a significant part of the B&NES workforce. As such they are both part of the problem and the solution responding to climate change. Care providers have been supported to consider management of resources. For example, management of fuel options. Our own UCB service has been exploring the use of electric bikes and all providers are encouraged to consider how managing and expanding the workforce can support climate change initiatives.



## 9. OTHER OPTIONS CONSIDERED

9.1. Further reviews are underway to consider the scope of in-house provision and on-going work will continue in commissioning to support the development of the workforce.

## 10. CONSULTATION

10.1. No consultation required as this report is to update on current issues.

<b>Contact person</b>	Judith Westcott – Senior Commissioner – Community Transformation Anne Marie Stavert – Head of In-House services
<b>Background papers</b>	.
<b>Please contact the report author if you need to access this report in an alternative format</b>	

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## 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>9TH OCTOBER 2023</b>				
9 Oct 2023	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Adult Social Care Transformation Update</b>	Claire Thorogood Tel: 01225 477272	Director of Adult Social Care
9 Oct 2023 Page 60	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Peer Review</b>	Ann Smith Tel: 01225 396212	Director of Adult Social Care
9 Oct 2023	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Update on the Staffing Position across our Care Homes</b>	Natalia Lachkou, Ann Smith Tel: 01225 396212	Director of Adult Social Care

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
<b>13TH NOVEMBER 2023</b>				
<b>11TH DECEMBER 2023</b>				
11 Dec 2023	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Food Poverty - Public Health Report (TBC)</b>	Cathy McMahon Tel: 01225 394064	Director of Public Health and Prevention
<b>FORTHCOMING ITEMS</b>				
	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Community Resource Centres Consultation</b>		Director of Adult Social Care
	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Homelessness Health</b>		Director of Public Health and Prevention

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Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Child Sexual Exploitation		Director of Children and Education
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid - Care Homes Study		Director of Public Health and Prevention
Page 62	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Covid 19 - Impact of Long Covid across our communities		Director of Adult Social Care, Director of Children and Education, Director of Public Health and Prevention
	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Budget 2024-25 discussion		Director of Adult Social Care, Director of Children and Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Education Performance Update</b>		Education and Safeguarding Director
The Forward Plan is administered by <b>DEMOCRATIC SERVICES:</b> <a href="mailto:Democratic_Services@bathnes.gov.uk">Democratic_Services@bathnes.gov.uk</a>				

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