

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

1 THE ISSUE

- 1.1 Children, Health and Wellbeing Policy Development and Scrutiny Panel have asked for a report from the Council and Clinical Commissioning Group about the performance of the Virgin Care contract.
- 1.2 The purpose of the report is to give an overview of the Virgin Care contract; Virgin Cares performance against national and local standards and also key performance indicators, and, the governance arrangements in place to ensure these are delivered.

2 RECOMMENDATION

The Panel / Committee is asked to;

- 2.1 Note the report and agree the outline for future reports to the Panel
- 2.2 Highlight areas of concern which the Panel require further information and assurance on.

3 THE REPORT

- 3.1 The report provides details of the contract award; the governance of the contract; qualitative and quantitative performance and activity and also the financial overview of the Council and Clinical Commissioning Groups contract with Virgin Care.
- 3.2 It also provides legacy information through a brief history of *Your Care Your Way* and Council/Clinical Commissioning Groups contracting context to understand the journey so far.

4 STATUTORY CONSIDERATIONS

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

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

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

6 RISK MANAGEMENT

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

7 CLIMATE CHANGE

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

8 OTHER OPTIONS CONSIDERED

- 8.1 N/A

9 CONSULTATION

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

Virgin Care Commissioner Report

1. Introduction

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

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

2. Background and Overview of the Virgin Care Contract

2.1 Brief History of Your Care Your Way Commissioning Review

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

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

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

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

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

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

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

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

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

2.2 Contract Award

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

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

Contract start date April 2017

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

2.3 The Council and CCG Contract with Virgin Care

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

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

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

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

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

Of the 56 community services:

- 36 delivered directly by Virgin Care
- 14 services are sub-contracted
- 6 services are delivered by both Virgin Care and a sub-contractor²

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

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

The full list of services which originally transferred to Virgin Care as part of the contract at the outset can be found at the link below on pages 37-39:

<https://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2015/01/20161111-YCYW-FBC-FINAL.pdf>

2.4 Governance of the Contract

2.4.1 Governance Structure

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

Meeting	Purpose	Frequency
Contract Quality Performance Meeting (CQPM)	<ul style="list-style-type: none"> • April 17 - October 2019 held monthly basis, since December 2019 bi-monthly basis • provide strong, co-ordinated and coherent leadership of the commissioning and contracting of services from Virgin Care on behalf of the local health and care economy • Ensures governance systems are in place to oversee the safe and effective delivery of 	Bi Monthly

¹ Integrated Reablement and Adult Learning Disabilities Shared Lives

² Includes Community Mental Health; Direct Payment Hub; NHS Health Checks; Specialist Diabetes; Specialist Neurology; Wellness

	<p>commissioned services</p> <ul style="list-style-type: none"> • Holds the provider to account for its service delivery, transformation, finance and quality obligations, managing performance in accordance with the contract • Ensures that Commissioners meet their responsibilities and obligations as set out in the contract. • There are agreed Terms of Reference for CQPM • Receive assurance reports from FIG, QSG, SLPs and sub-contracts 	
Finance and Information Group (FIG)	<ul style="list-style-type: none"> • April 17 - December 2019 held monthly basis, from February 2020 bi-monthly basis • Support the CQPM in managing issues relating to finance, activity and other forms of data and information relating to the contract • In year performance monitoring and management and informing strategic discussion and action • Enables challenge to arrive at joint agreement of financial and activity plans, including planning assumptions and bases of calculation • Ensures ongoing monitoring of activity and financial performance to support joint management of variances • There are agreed Terms of Reference for FIG 	Bi Monthly
The Quality Subgroup (QSG)	<ul style="list-style-type: none"> • Now held on a six-weekly basis • Seek assurance from Virgin Care that high quality and safe services are being delivered • Responsible for reviewing and ensuring compliance against the contractual quality standards (incidents, workforce reports, surveys and safeguarding) • Providing assurance on progress with any regulatory body action plan 	6 Weekly

	<ul style="list-style-type: none"> • Determining compliance against the Commissioning for Quality and Innovation (CQUIN³) thresholds • Ensure that any assurance received is outcome based where possible and provides adequate assurance to Commissioners; providing oversight of quality and safety during times of organisational change and service redesign • There are agreed Terms of Reference for QSG 	
Service Level Performance Meetings (SLPM) (9)	<ul style="list-style-type: none"> • Nine SLPM feeding into CQPM: <ol style="list-style-type: none"> 1. Adult Social Care and Safeguarding (monthly) 2. Children's (quarterly) 3. Continuing Healthcare (monthly) 4. Mental Health (quarterly) 5. Learning Disability and Physical Sensory Impairment (quarterly) 6. Public Health – Wellness and Health Checks (quarterly) 7. Public Health – Sexual Health and Substance Misuse (quarterly) 8. Specialist Health (quarterly) 9. Community Adult Health Care (quarterly) • Provide service-level assurance by holding Virgin Care to account for the performance and quality obligations of the individual services • Offer support where needed to the provider in delivering the services 	Range from Monthly to Quarterly

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

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

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

2.4.2 Review of the Governance Arrangement

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

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

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

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

3. Contract Value and Finances

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

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

Note 1: Original Agreed Contract Value

Note 2: Increase of £9m made up of £8m additional service and subcontracts and £1m growth funding from Commissioners as agreed following successful business case

Note 3: CCG inflationary uplift and £0.41m of Health variations.

Note 4: CCG will be uplifted by annual inflator from years 4-7 not included in the figures above due to uncertainty on rate. All other contributions are "flat cash" and will not increase over the life of the contract

3.2 Total Contract Value Year 3 by Funding Source

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

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

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

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

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

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

4. Performance and Activity

4.1 Performance overview

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

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

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

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

4.2 ASCOF – annual results (Annex 1)

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

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

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

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

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

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

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

Figure 1

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

4.2.1 Explanation for ASCOF Return

- 2C - In 2018/19, DTOC performance represented all delays for B&NES providers for the first time, which had not been the case in previous years, so an increase in the rate was expected. While the overall rate has increased in 2018/19, it was not to the extent that was anticipated based on local, unpublished data collected in 2017/18. Most delays in B&NES are due to awaiting home care (including reablement) and awaiting care home placements; these are reported as either health or social care delays and further specific reporting can be provided if required. Better Care Fund schemes for 2019/20 aim to target these reasons for delay but pressure across health and social care remains high. The rate of social-care attributable delays in B&NES reduced in 2018/19 despite the increase in providers reporting delays so, while the measure doesn't currently benchmark well, there was a more significant improvement than the published data suggests. The admission avoidance element of the Virgin Care Reablement Service is performing well, which will help to reduce the number of people reaching the acute hospital in the first place. Delays attributable to awaiting social care assessments have reduced significantly since the start of the contract, which is largely due to the work of Virgin Care social work teams.
- 1C - The proportion of people using direct payments (DPs) is being closely monitored as it is lower than in previous years, despite being in the interquartile range nationally. The proportion of service users using DPs dropped to 24% in 2018/19 and in the year-to-date is below the local target of 25% at 20%. However, this has been due largely to a review in the approach to delivering DPs following an urgent review of service users in 2018 after the withdrawal of a provider. The Council's policy focus remains on offering DPs only in the cases where it is appropriate to do so. Training continues to be provided to service users to enhance their confidence in being able to manage their DPs themselves. Following the aforementioned review of DP service users in 2018 B&NES have increased assurance that those receiving DPs are appropriate to do so and provides a platform on which to improve performance in this area. Note this DP review involved Virgin Care having to undertake significant work in order to help with the transition.
- 2A (2) - Admissions to care homes for older adults is also an area of challenge. While the reported rate benchmarks well, there are data quality issues that are being investigated to ensure that only relevant admissions are counted for this measure. As noted in Annex 1, to avoid skewing other areas of the SALT return, the number of care home admissions included only those admissions that were linked to social care requests for support, assessments or reviews, in line with the SALT guidance. Work is continuing with all providers to review admissions not linked to social care requests for support, to ascertain whether they should be included in the return, with any data quality corrections made where necessary.

4.2.2 ASCOF – in-year monitoring

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

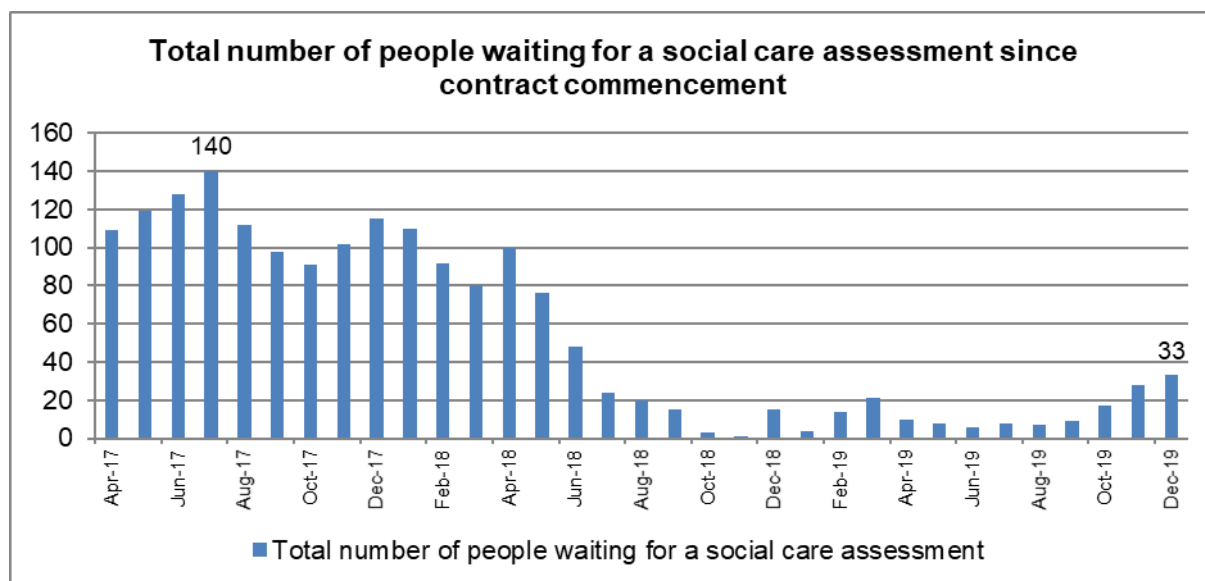
- DTOCs continue to be worse than the Better Care Fund trajectory, as all providers who report delays for B&NES patients are seeing higher than planned delays as pressure across the whole health and social care system continues throughout the year. The learning from a recent LGA DTOC Peer Review of the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

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

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

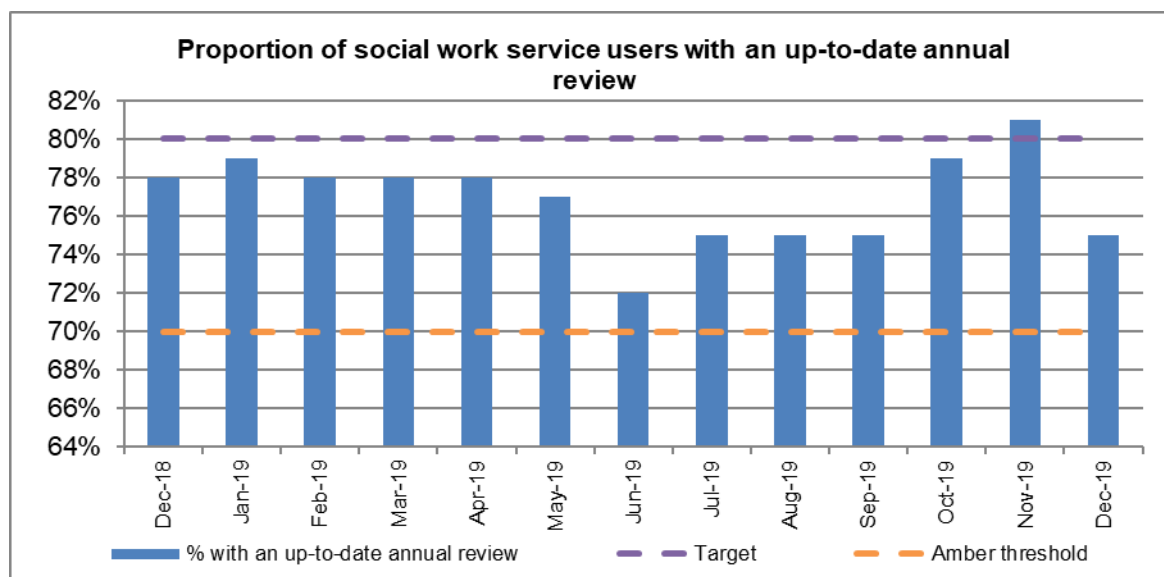
- **Social Care Assessments:** significant work has been undertaken over the term of the contract to date to reduce the waiting list for people awaiting social care assessments, as shown in Figure 2 below. The waiting list was high at contract commencement, peaked in the early months of the contract,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

Figure 2



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

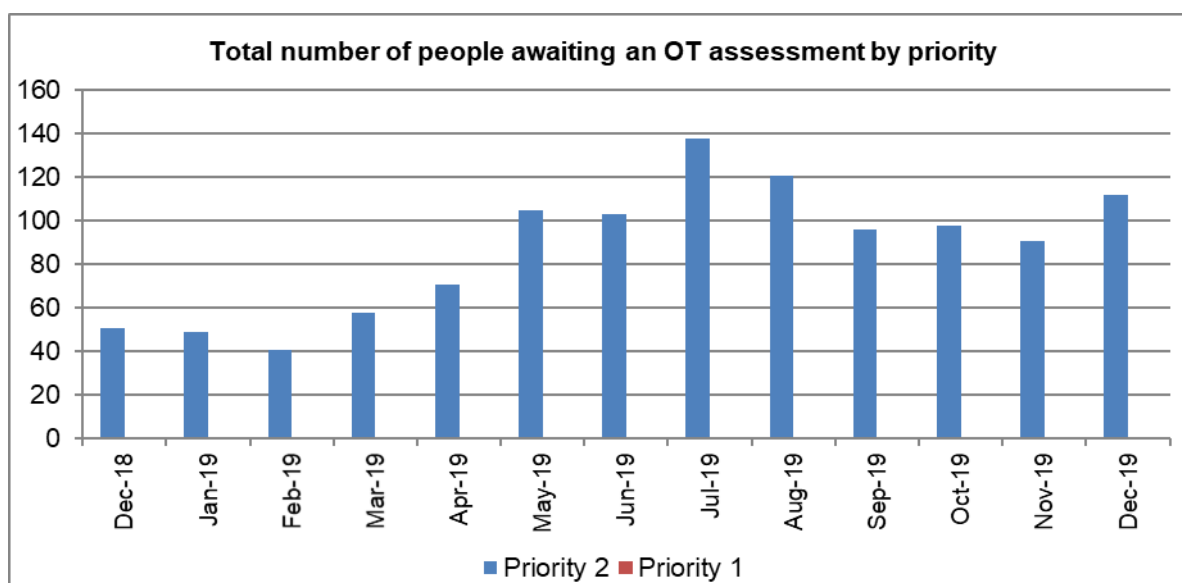
Figure 3



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

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

Figure 4



4.3.1 Safeguarding Adults: national data

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

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

Figure 5

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

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

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

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

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

Figure 6

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

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

4.3.2 Safeguarding Adults: local data

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

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

4.4 Virgin Care Performance for Key NHS Constitution and Quality Standards

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

- **Referral to Treatment Time** - Virgin Care provides Consultant-led services which are subject to the 18-week Referral To Treatment (RTT) target: Orthopaedic Interface Service, Falls and Movement services (Clara Cross), Community Paediatrics and Paediatric Audiology. RTT performance is significantly above the target of 92% at 99.2% for January 2020.
- **Six-week diagnostic standard** – Virgin Care delivers adult audiology and echocardiograms in the community that are subject to the 6-week diagnostic standard. Performance against the Diagnostics standard has been better than the 1% target for all but one month in the last year. Sharp increases in demand affected capacity for echocardiograms in the Heart Failure service, but performance has been at 0% for the past six months as the performance has stabilised.
- **4-hour A&E standard** - Paulton Minor Injury Unit performs well against the 95% target at 99.4% in January 2020 and provides essential capacity to avoid further patients attending RUH.
- **Continuing Healthcare** – as stated above the CCG delegates the Continuing Healthcare (CHC) Service to Virgin Care and the service has been measured against NHS Quality Premium targets.

BaNES local performance data is based on three key assurance questions:

- Location of assessment –below 15% of all assessments to take place in an acute setting; Performance for the number of CHC Decision Support Tools carried out in an acute hospital setting is exceptional and has been in the top quartile nationally since reporting began in 2017/18.
 - 28 Days – more than 80% of all CHC decisions to be made within 28 days from positive checklist or notification - achieved for three of the last four quarters; performance has stabilised now that a backlog of older cases have been cleared.
 - Reviews over 12- 26 weeks – should have zero decisions taking longer than 12- 26 weeks
- **Infections** - cases of reported infections within the Community Hospitals remain low. For 2019/20 year-to-date, Virgin Care has reported no cases of C.difficile⁶ or

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

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

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

4.4.1 Local reporting on health services delivered by Virgin Care

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

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

Children's health services

- **Community Paediatrics and Paediatric Audiology** routinely perform well in terms of access to treatment. Both measures are above the national RTT target.
- **Children's Speech and Language Therapy** access times are generally good, with 92% of children seen within 16 weeks in the latest results, against the 18-week target.
- **Autism Spectrum Disorder assessment and diagnosis** have remained below the national average and were highlighted in the positive Special Education Needs and Disabilities Combined CQC and Ofsted inspection in March 2019.
- The **0-19 years public health nursing service** has good performance across a number of measures:
 - % receiving New Birth Visits within 14 days - 93.6%
 - % receiving 6-8-week review - 89.3%
 - % receiving 12-month check by 12 months - 86.8%
 - The 2-2.5-year review is currently below target of 90% but trajectory is good. Currently 89.7% which is great consistent progress.
- The **National Child Measurement Programme** has maintained good coverage at 98.7% in reception and 94.2% in Year 6 which is above target of 95%.

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

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

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

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

5. Transformation Programme

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

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

Priority Area	How Virgin Care Proposed to Address this?	Progress Update January 2020	Virgin Care continued development in 2020/21
A person, not a	Services will take into account all of a	<ul style="list-style-type: none"> • Strength based model is being established in social 	<ul style="list-style-type: none"> • Universal Strategy for

condition	<p>person's strengths as well as those of their family, their community and their wider support network.</p> <p>Staff will be trained to identify people's individual goals and aspirations and will draw upon all health, care and community assets to achieve them.</p> <p>Staff will seek to understand any barriers to meeting these goals and work with the person to overcome them.</p>	<p>care. This includes the development of a 'First Response' Team which helps people access support more rapidly but focussed on a strengths-based approach</p> <ul style="list-style-type: none"> • Alignment of social care services alongside wellbeing in the Care Coordination Centre • Making Every Contact Count (MECC) practitioners increased and rolled out across partner organisations and direct provision • Renewed focus on wellbeing and transformation underway to ensure wellbeing and brief intervention is a part of every intervention 	<p>wellbeing will be introduced</p> <ul style="list-style-type: none"> • Embed strengths-based approach in social care introduce to health teams • Further integration between wellbeing and social care teams • Introduction of VCSE into the Care Co-ordination Centre (CCC)
A single plan	<p>Single assessments will form the basis of a single Care and Support Plan to give people choice and control of the care and support they receive. People will be able to view their Integrated Care Record and control how information is shared across providers and with their own choice of friends, relatives or carers.</p> <p>People will be involved in regular multidisciplinary reviews of their plan to ensure their physical, mental, emotional, cultural and spiritual needs are being met.</p>	<ul style="list-style-type: none"> • Integrated Care Record (ICR) has been procured and rolled out in part this will continue • So far three services have their information accessible in a shared record (social care, community and GPs) and within the next couple of weeks this will include the acute • Cases are discussed at Multi-Disciplinary Team (MDT) meetings with GPs and other care professionals • MDTs in the Care Coordination Centre are being established to jointly review cases 	<ul style="list-style-type: none"> • Daily 'huddles' to be introduced in the CCC to ensure coordinated plans • ICR embedded into all multi-disciplinary teams (MDTs) • MDT Care plan to be utilised in ICR to ensure appropriate information is shared between providers • VCSE collaboration in planning
Invest in the workforce	<p>The award-winning "People Flourish" programme will help staff improve the way they work in teams and</p>	<ul style="list-style-type: none"> • Mobile working is being rolled out across services – client facing time has increased as a result; this will continue 	<ul style="list-style-type: none"> • Further focus on apprenticeship training focussed on

	<p>with people who work in different ways to themselves. Investment in mobile working technology will reduce the time spent on paperwork allowing frontline staff to focus on providing high quality care. There will be a cap on management costs so that resources are invested into front line care.</p>	<ul style="list-style-type: none"> • Have Your Say action plans have been developed in each service to ensure staff wellbeing is prioritised • Social work apprenticeships into the service • Managing the 'Virgin Care Way' has been rolled out to service managers (the new name for 'People Flourish' programme) • There are three people on the management level 5 apprentice programme • Corporate (support services) apprenticeship has also been undertaken. • Management costs have been limited in line with the bid • Linking with the local universities. • Considering introducing temporary short-term non-nursing posts to attract newly qualified nurses whilst they are waiting for the registration and PIN to be formalised. 	<p>middle and new managers</p> <ul style="list-style-type: none"> • Focus on colleague wellbeing Have Your Say plans and implementation and progress closely monitored
Focus on prevention	<p>Patient Activation Measures will be used to allocate people into four levels depending on their confidence, ability and motivation to self-manage. Risk stratification will help with early identification of those who are vulnerable on the fringes of healthcare or at risk of hospital admission. Rapid response services will prevent people being admitted to acute care through speedily providing the services they need at the right time.</p>	<ul style="list-style-type: none"> • Patient activation licenses have been sponsored by NHS England and have been designed into new Wellbeing service referrals • Risk stratification is in final stages of testing prior to being introduced into the Care Coordination Centre (relies on information from the ICR and therefore needs hospital data before rolling out) • MECC training has been rolled out. A new universal strategy for wellbeing is being rolled out to ensure brief interventions are part of every interaction 	<ul style="list-style-type: none"> • Roll out of social prescribing with Primary Care Networks (PCNs) • Complete transformation of wellbeing hub • New 'universal' wellbeing approach embedded

	Staff will be trained in evidenced-based health coaching so that self-management is the focus for all interactions.		
Join up the information	<p>A Care Coordination Centre will provide:</p> <ul style="list-style-type: none"> • A single point of contact for people who require care and support, their families and health professionals. • Signposting to other services • Booking, scheduling and case management • Single assessment • Case management • Rapid Response, Prevention, Targeted and Specialist teams • Management of Patient Portal • Telehealth monitoring <p>A team of Care Navigators from a range of VCSE sector organisations will help people become aware of the extensive array of activities that are available to them.</p>	<ul style="list-style-type: none"> • A Care Coordination Centre (CCC) has been established at Peasedown St John • This CCC includes health, social care and wellbeing representation • The plan is for third sector organisations to also be co-located there - benefits have been noted around the closer working of wellbeing and social care services • Signposting, booking and management of cases all take place at the CCC. • Next steps include further integration of teams, more third sector involvement and understanding how remote monitoring may support our communities. Virgin Care have also been working with VCSE and 3SG partners to develop a community navigation model. This aligns with the Primary Care Networks where a new model of social prescribing has been developed in partnership and will launch in March 	<ul style="list-style-type: none"> • Final teams moving from adults' services into the CCC. • Huddles introduced into the CCC to enable joint working. • ICR embedded to full benefit • VCSE services introduced to the CCC.

6. Service Development and Improvement Plan (SDIP)

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

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

By the end of December 2019 Virgin Care had achieved 77% of the milestone and a further 12.5% partially achieved in the intended period.

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

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

7. Quality Assurance Mechanisms and Information

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

7.1 Individual Scrutiny of Cases from the Council Principal Social Worker

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

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

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

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

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

7.3 Funding Panels and Complex Case Discussion Meetings

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

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

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

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

7.4 Audits

7.4.1 Adult Social Work 10% Case File Audit

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

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

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

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

7.4.2 Safeguarding Adults at Risk Audits

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

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

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

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

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

7.4.3 Health Care Specific Audits

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

7.5 Practice Development – Strength's Based Approach

Virgin Care are moving their social work practice model to a strengths-based approach (mentioned in the transformation section of the report). This is being rolled out nationally and there is guidance from the LGA and Chief Social Worker⁷ on what strengths-based practice is, however, there are no national performance indicators developed as yet. The PSW's have supported the work undertaken on strengths-based assessments and asset based/community approaches. This has included working alongside colleagues in Virgin

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

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

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

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

7.6 Additional Highlights on Oversight from the Quality and Performance Subgroup

7.6.1 Quality Visit

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

7.6.2 Virgin Care Complaints and Compliments Recorded

7.6.2.1 Complaints

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

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

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

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

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

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

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

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

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

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

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

7.6.3 Stories of Difference

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

Story 1

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

Story 2

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

Story 3

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

7.6.4 Workforce

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

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

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

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

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

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

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

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

¹¹ This benchmarks well other health and social care providers.

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

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

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

8. Next Steps

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

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

alternative format